



 **PRESBYTERIAN**

State Coverage Insurance

Member Handbook

2010 - 2011

A Quick Guide to your Presbyterian SCI health plan

Welcome to Presbyterian State Coverage Insurance (SCI). We're proud to be your health plan. Our purpose is to improve your health. Please read the simple steps below. We want to make sure you are ready to receive care when you need it.

Take these three steps

1. Choose your primary care provider (PCP).

This is the healthcare practitioner who will take care of most of your needs. This includes referring you to another practitioner if needed. Read more about the importance of a PCP on page 11 of this handbook. To find a PCP:

- Look in the *Presbyterian SCI Provider Directory* that came with this member handbook. You can look by city to find a PCP close to you.
- Look on our website, www.phs.org, and click on "Find a Doctor" for the most up-to-date list of PCPs.
- Call the Presbyterian Customer Service Center ("Customer Service") for help. See the phone numbers and hours at the bottom of each page of this handbook.

2. Call Customer Service if you are receiving medical services that you need to continue.

These services include:

- Case management.
- Home health services.
- Medical equipment.
- Pregnancy care.
- Surgery that has already been scheduled.
- Other ongoing care such as radiation, chemotherapy, dialysis, ventilator care, diabetes care or pain control.

3. Put your Presbyterian SCI member Identification (ID) card in a safe place.

Make sure to take it with you when you receive medical services or fill prescriptions. Healthcare practitioners will ask for it when you have an appointment.

Your health coverage

Your Presbyterian SCI plan covers the services listed below. Make sure to read more about these services in *Section 2 – Covered and Noncovered Services*. Some of these services may need to be approved before you have them.

For your service to be covered, it must be medically necessary. Your PCP should provide the service or refer you to another provider in the Presbyterian SCI network for the service. You should only go to healthcare practitioners, hospitals, pharmacies and other providers that are "in-network." In-network means that Presbyterian SCI has a contract with them to provide services to Presbyterian SCI members. In-network providers are listed in the *Presbyterian SCI Provider Directory*. Here are some of the services covered by this plan:

- Preventive health services such as immunizations and mammograms.
- Lab tests.
- Hospital care.
- Urgent care and emergency care.
- Prescription drugs (formulary only).
- Behavioral health services.
- Substance abuse services.

Presbyterian Customer Service Center

If you have any questions about Presbyterian SCI, Customer Service can help you. You may send an e-mail to them at info@phs.org. Or, call them at one of the numbers at the bottom of each page of this handbook.

If you call after hours, your call will be answered by our automated phone system. You can use this system to:

- Leave a message for us to call you back in the morning.
- Leave a message saying that you have a complaint or appeal.
- Get behavioral health help right away.
- Talk to a nurse at NurseAdvice New Mexico right away if you have a health question.

Choose a healthy life

Presbyterian SCI works with many hospitals and doctors in New Mexico. We have a large network of independent healthcare professionals to help you get the health care you need. With contracted doctors and other practitioners throughout New Mexico, we're always close by to help you.

We want you to choose to have a healthy life. This means taking charge of your own health care. The first step is to take good care of yourself and to let your Primary Care Provider (PCP) know if you have any health problems.

The next step is to read this handbook carefully. It will help you to understand Presbyterian SCI and your benefits.

For 24-hour service, log onto My Pres Online. You can go to our website, www.phs.org, and register on the home page.

We look forward to working with you to improve your health!

This *Presbyterian SCI Member Handbook* was revised December 2010.

Services are funded in part under contract with the State of New Mexico. SCI is subject to the terms and provisions explained in the applicable SCI regulations published by the New Mexico Human Services Department.

MPC011105

TABLE OF CONTENTS

Benefits and Copayment Requirements	6
Section 1 – How Presbyterian SCI works	10
Presbyterian Customer Service Center	10
Continuing your medical care	10
Individuals with Special Health Care Needs	11
Your Primary Care Provider	11
How to schedule an appointment	13
How to cancel or change an appointment	13
Referrals and specialists	13
Member Eligibility	14
Other Insurance	14
Second Opinions	14
Approvals before seeing a provider	14
Use your benefits the right way	15
Translation services	15
Consumer Advisory Board	15
We help you get the care you need	16
Quality Improvement	16
Presbyterian Healthy Solutions	17
What care is available if I am out of area?	17
Out-of-pocket maximum	17
Benefit maximum	18
Benefit plan maximum	18
Section 2 – Covered and non-covered services	19
Covered services	19
Behavioral health	20
Emergency care	21
Family planning services	22

Nurse Advice New Mexico	.23
Pharmacy (prescription drugs)	.23
Pregnancy services	.25
New medical treatments	.28
Women’s Health and Cancer Rights Act of 1998	.28
Non-covered Services	.28
Section 3 – Benefit details	.29
Benefit certification	.29
Benefits, limitations, and exclusions	.30
- Ambulance services	.30
- Behavioral health and substance abuse	.30
- Dental Services	.30
- Diabetes treatment	.31
- Dialysis services	.32
- Medical equipment, medical supplies, orthotic appliances, and prosthetic devices	.32
- Emergency and Urgent Care services	.34
- Home health services/home intravenous services	.34
- Inpatient hospital services	.34
- Inpatient physical rehabilitation	.35
- Outpatient services	.35
- Prescription drugs	.36
- Preventive health services	.37
- Provider services	.38
- Reconstructive surgery	.38
- Smoking cessation programs	.38
- Transplants	.39
- Women’s healthcare services	.39
Additional limitations	.40
Additional exclusions	.40

Section 4 – Individuals With Special Health Care Needs	43
Covered Services	43
Getting emergency care	43
Referrals and specialists	43
Care Coordination	44
Durable medical equipment and supplies	45
Community resources	45
Medical Summary	46
Section 5 – Your rights and responsibilities	49
Grievances and appeals	49
How to switch to another health plan	52
How to disenroll from SCI coverage	52
Re-enroll in Presbyterian SCI coverage after terminating from the plan	52
If your employer discontinues SCI coverage	53
Losing Presbyterian SCI coverage	53
Certificate of creditable coverage	53
If you move	53
How will I know if there are changes at Presbyterian SCI that affect me?	53
Member rights and responsibilities	53
Fraud and abuse	55
Section 6 – Other Important Information	56
Protecting your privacy	56
Advance Directives and decisions about your health care	60
Section 7 – Health Information and screenings	61
Preventive Healthcare Guidelines	61

State Coverage Insurance

Benefits and Co-Payment Requirements

Subject to Benefit Limitations*, Exclusions and Benefit Certification Requirements

See the *Presbyterian SCI Member Handbook* for descriptions of benefits

*The benefit package is limited to \$100,000 in benefits per member per benefit year.

Benefits	Federal Poverty Level (FPL)		
	0 - 100% FPL Co-payment	101 - 150% FPL Co-payment	151 - 200% FPL Co-payment
Provider Services:			
- Office visits	\$0 per visit	\$5 per visit	\$7 per visit
- Home visits	\$0 per visit	\$5 per visit	\$7 per visit
The following are included in the office visit co-payment:			
- Office procedure			
- Allergy testing, Allergy injections, Antigen serum			
- Injections in accordance with accepted medical practice to treat acute conditions which are customarily administered in a provider's office			
- Injections in accordance with acceptable medical practice used to treat chronic conditions including, but not limited to diseases such as rheumatoid arthritis, Crohn's Disease, and Hepatitis C			
There is no Co-payment for the following services:			
- Hospital and inpatient physical rehabilitation facility visits by practitioners	No Co-payment	No Co-payment	No Co-payment
- Routine and diagnostic X-rays and clinical laboratory tests			
- Inpatient professional care services by practitioners including pathologists, radiologists and anesthesiologists			
The following are covered as part of a facility Co-payment	Included in applicable facility co-payment based on place of service.		
- Practitioner visits at an inpatient or outpatient facility (includes assistant surgeon's charges).			
Inpatient Hospital Services (Benefit Certification Required. Limited to 25 days per year) including:			
- Room and Board, support care, service, and supplies	\$0 per admission	\$25 per admission	\$30 per admission
- Maternity Care			
- Diagnostic tests, anesthetics, oxygen			
- Administration of whole blood, blood plasma and components			
- Rehabilitative services, radiation and inhalation therapy			
- Inpatient Rehabilitation Services			

Benefits	Federal Poverty Level (FPL)		
	0 - 100% FPL Co-payment	101 - 150% FPL Co-payment	151 - 200% FPL Co-payment
Outpatient Services (Benefit Certification Required)			
- Surgery including professional services, supplies and medications	\$0 per procedure	\$5 per procedure	\$7 per procedure
The following services are subject to a co-payment per visit:	\$0 per visit	\$5 per visit	\$7 per visit
- Radiation therapy and chemotherapy			
- Magnetic Resonance Imaging (MRI)			
- Positron Emission Tomography (PET) tests			
- CT scan			
- Cardiovascular rehabilitation			
- Rehabilitation services: Physical, Occupational, and Speech therapies			
There is no co-payment for the following services:	No Co-payment	No Co-payment	No Co-payment
- Holter monitors and cardiac event monitors			
- Routine and diagnostic X-rays, lab tests, EKG and EEG			
Emergency Care	\$0 per visit	\$15 per visit	\$20 per visit
- Co-payment is waived if admitted within 24 hours of visit. Inpatient co-payment applies.			
Urgent Care	\$0 per visit	\$5 per visit	\$7 per visit
Women's Health Services			
Office visits	\$0 per visit	\$5 per visit	\$7 per visit
The following are included in the office visit co-payment:			
- Mammograms			
- GYN examinations including Cytological screening (PAP Smear)			
- Health Education			
The following services are subject to a co-payment			
- Prenatal and post-partum care	No Co-payment	No Co-payment	No Co-payment
- Non-hospital births	\$25	\$75	\$100

Benefits	Federal Poverty Level (FPL)		
	0 - 100% FPL Co-payment	101 - 150% FPL Co-payment	151 - 200% FPL Co-payment
Preventive Health Services			
Physical exams	No Co-payment	No Co-payment	No Co-payment
The following are included in the office visit co-payment:			
<ul style="list-style-type: none"> - Periodic glaucoma eye test age 35 and older - Periodic stool examination age 40 and older - Periodic mammograms as follows: one low-dose baseline mammogram for women ages 35 through 39, one low-dose mammogram for women ages 35 through 39, one low-dose mammogram biennially for women ages 40 through 49 and one low-dose mammogram annually for women age 50 and older. - Health education - Adult immunizations - Periodic colon examination age 45 and older - Voluntary family planning services - Insertion and removal of contraceptive devices 			
Surgical sterilization	Applicable co-payment based on place of service		
Dialysis Services			
Long-term hemodialysis and continuous ambulatory peritoneal dialysis	No Co-payment	No Co-payment	No Co-payment
Home Health Services			
<ul style="list-style-type: none"> - Services provided by a registered nurse or a licensed practical nurse; by physical, occupational, and respiratory therapists; speech pathologists; and by home health aides - Prescription supplies for the provision of home health services at the time of a home health visit - Home intravenous services - Tube feedings as the sole source of nutrition 	\$0 per visit	\$5 per visit	\$7 per visit
Durable Medical Equipment, Medical Supplies, Orthotic Appliances and Prosthetic Devices (Benefit Certification Required)			
	\$0 per item	\$5 per item	\$7 per item
Ambulance Services			
	No Co-payment	No Co-payment	No Co-payment
Limited Oral Surgery	Applicable co-payment based on place of service		
Reconstructive Surgery	Applicable co-payment based on place of service		
Prescription Drugs (Formulary drugs only)	\$3 generic or brand name		
Diabetes Treatment Service	Applicable co-payment based on place of service		

Benefits	Federal Poverty Level (FPL)		
	0 - 100% FPL Co-payment	101 - 150% FPL Co-payment	151 - 200% FPL Co-payment
Behavioral Health Services			
- Outpatient office visits	\$0 per visit	\$5 per visit	\$7 per visit
- Inpatient mental health services in a psychiatric hospital or an acute care hospital	\$0 per admission	\$25 per admission	\$30 per admission
Substance Abuse Services			
- Outpatient substance abuse visits, including detoxification and intensive outpatient care	\$0 per visit	\$5 per visit	\$7 per visit
- Inpatient substance abuse detoxification	\$0 per admission	\$25 per admission	\$30 per admission

Notes:

There is no longer an out-of-pocket maximum for prescription drugs. You will make a \$3 co-payment for each prescription drug.

There is no copayment for services provided at Indian Health Service (IHS) facilities. If you are an American Indian, you do not have to pay copayments.

2010	Premium Payment Amounts		
	0-100 of the Federal Income Guidelines	101-150 of the Federal Income Guidelines	151-200 of the Federal Income Guidelines
Participant	\$0	\$20	\$35
Employer	\$75	\$75	\$75

If you are enrolled as an individual and earn more than 100% of the Federal Income Guidelines (see table above), you are responsible for the participant amount plus the employer amount and will pay Presbyterian SCI directly. If you are enrolled through an employer, your employer will collect the participant amount from you and they will be responsible for paying Presbyterian SCI directly.

Benefits and cost-sharing requirements are subject to regulatory changes. PHP will provide 60 days advance notice of program changes which affect benefits, cost-sharing or out-of-pocket maximums.



SECTION 1 – HOW PRESBYTERIAN SCI WORKS

Presbyterian Customer Service Center

The Presbyterian Customer Service Center (“Customer Service”) is available to help you Monday through Friday from 7 a.m. to 6 p.m. Customer Service is closed on weekends and holidays. See the bottom of each page in this handbook for the list of phone numbers and times. Customer Service can:

- Help you pick a Primary Care Provider (PCP) or a Primary Care Obstetrician (PCO) if you are pregnant.
- Help you with a medical problem or complaint.
- Tell you about your benefits (what is covered and what is not covered).
- Let you know what community resources may be available.
- Take your feedback, concerns and ideas for improving our services.

You can also reach us by mail and on the Internet:

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

Send an e-mail to Customer Service at info@phs.org.

You can use our website, www.phs.org, to access Pres Online and look at your plan information at

any time. With Pres Online, our secure online site for members, you can:

- Look up your benefit plan information.
- Check your eligibility.
- Change your PCP.
- View your claims.
- Request replacement identification (ID) cards.
- Check the status of benefit certification (also known as prior authorization) requests.
- Send a question to Customer Service.

To log in to Pres Online, register on the home page of our website, www.phs.org.

Continuing your medical care

Now that you have chosen Presbyterian SCI, we want to make sure that you can continue your needed treatments or other services. Contact Customer Service and please let us know if you need to continue services like:

- Case Management.
- Home health services.
- Medical equipment.
- Pregnancy care.
- Surgery which has already been scheduled.
- Other ongoing care such as radiation, chemotherapy, dialysis, ventilator care, diabetes care, or pain control.

Also let us know if you:

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

If you are a Presbyterian SCI member and your Primary Care Provider leaves or is no longer with our network, you can continue your care with that practitioner for at least 30 days depending on your medical needs. If you are pregnant on the date you become a Presbyterian SCI member, please contact Customer Service and let us know. If you are in your first or second trimester, in most cases you will be allowed to continue your care with that practitioner for at least 30 days. If you are in your third trimester of pregnancy, you can continue seeing your practitioner for the rest of your pregnancy.

Individuals with Special Health Care Needs

Some Presbyterian SCI members need extra help with their health care. Presbyterian SCI helps members with special healthcare needs. *See Section 4 – Individuals With Special Health Care Needs* for more information. If you think that you have special healthcare needs, please call our Intake Coordinator in Albuquerque toll-free at 1-866-672-1242, from 8 a.m. to 5 p.m. You can leave a message if you call after office hours.

Individuals with special healthcare needs usually have long-term health problems:

- They usually need more healthcare services or more complex healthcare services than most members need.
- They usually have medical or behavioral health problems that limit their ability to function.

Adults with Special Health Care Needs include:

- Adults who have ongoing physical, mental, neurobiological (such as autism or bipolar disorders), emotional and/or behavioral health conditions.
- Adults who need health care and related services that are different from the services needed by most individuals. This includes the need to see their Primary Care Provider (PCP) more often, take a lot of different medicines, see many specialists, or use therapies more often.
- Adults who need extra help with things like walking, bathing, dressing, and eating.

Your Primary Care Provider (PCP)

Your Primary Care Provider (PCP) is the person who will help you with all your healthcare needs. When you are sick or need a checkup, call your PCP's office.

- Your PCP may be a doctor, physician assistant, or nurse practitioner.
- You and your PCP should work as a team to take care of your health.
- You should feel comfortable talking to your PCP about all of your healthcare needs.

Choose your PCP

You will need to choose a PCP who is in the Presbyterian network. Then call Customer Service and tell us the name of the PCP you have chosen.

PCPs that are in the network are listed in the *Presbyterian SCI Provider Directory*. You can ask your friends and relatives if they have a PCP they like. Then check if the PCP is on the list. If the practitioner you want is on the list and is taking new patients, you can choose him or her to be your PCP. If you are pregnant, you may choose to have an Obstetrician as your PCP.

If you need more information before choosing a PCP, call Customer Service. They can tell you:

- Where a practitioner went to medical school.
- What specialty the practitioner practices.
- The practitioner's board certification status.
- What languages the practitioner speaks.

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

- Call Customer service to request a copy.
- E-mail your request to info@phs.org.
- Visit our website at www.phs.org to view the provider directory online.

The provider directory is a list of all of the Primary Care Providers and Self-referral Service Providers you can choose to see if you are a Presbyterian SCI member. The types of providers are:

- PCPs
- OB/GYN
- Behavioral Health
- Pharmacy
- Emergency Room/Urgent Care

The provider directory includes the names, locations and phone numbers of the providers in our network. It also has information about the languages they speak and if they are accepting new patients.

If you prefer to communicate with your practitioner in a language other than English, use your *Presbyterian SCI Provider Directory* to find a practitioner who speaks your preferred language.

We are always adding new practitioners. If you want to see a practitioner who is not on the list, please contact Customer Service. They will tell you if the practitioner has been added to the list since the provider directory was printed.

Specialist as a PCP

You can choose a specialist for your PCP if both Presbyterian SCI and the specialist agree to the specialist acting as your PCP. Specialists who do agree to be a member's PCP usually do so because the member has special healthcare needs and it is in the best interest of the member's health.

A PCP close to home

Presbyterian SCI wants to be sure that you have the medical services you need close to where you live. We have contracts with Primary Care Providers all over New Mexico. In fact, we have enough PCPs so that all of our members are within 40 miles of a PCP anywhere in New Mexico.

Contacting your PCP after hours

If you need to speak to your PCP after the office is closed, call your PCP's regular office number. Most practitioner offices have an on-call service that will help you contact your PCP. Or the office may have a phone message that tells you how to get help. You can also call NurseAdvice New Mexico toll-free at 1-888-730-2300 to help you decide how to get care. NurseAdvice New Mexico will also give you medical advice.

How to change your PCP

Your Primary Care Provider (PCP) is an important part of your medical care team. If you have any questions about your care, just ask your PCP. We want you and your PCP to be able to work together. If you want to change PCPs for any reason, please call or write to Customer Service.

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

- If you make your request after the 20th of the month, the change will be effective the first of the month following the next month. For example, if you call on June 21, your change will be effective on August 1.

If you have any concerns about the care you are getting, please call Customer Service.

How to schedule an appointment

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

- For routine care, you can schedule most appointments within three weeks of your call.
- Practitioner offices open at different times because they set their own hours.
- When you call, always tell the office staff that you are a Presbyterian SCI member and the reason why you need an appointment.
- If you need urgent care, your PCP may want to see you within 24 hours. Your PCP may send you to an Urgent Care Center if he or she can't see you that day.
- If you are sick and not sure if you need to see your PCP, call NurseAdvice New Mexico toll-free at 1-888-730-2300. The nurse can help you decide if you need to see your PCP or go to an Urgent Care or emergency facility.
- If you have a life-threatening medical emergency, call 911 or the emergency number in your area. (It is very important that you read the Emergency Care section on page 21 of this handbook.) These symptoms are often emergencies:

- Chest pains
- Bleeding that will not stop
- Loss of consciousness
- Poisoning
- Severe burns
- Shortness of breath
- Uncontrollable feelings of wanting to hurt yourself or others

How to cancel or change an appointment

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

Referrals and specialists

Your Primary Care Provider (PCP) is in charge of providing or arranging for most of the healthcare needs that are covered by Presbyterian SCI. Your PCP will refer you to other doctors when you need specialty care. Your PCP's office will schedule the specialist appointment for you or ask you to make the appointment yourself.

- If there is a specialist or hospital you want to go to when your PCP is referring you for care, ask if your PCP has a relationship with that specialist or hospital. Your PCP will give you a referral if he or she does have a relationship.
- You will need a referral almost every time you see a specialist.
- Specialists that are in our network are listed in the provider directory. If you need specialist information or have questions about referrals, e-mail your question to info@phs.org or call Customer Service.

You do not need a referral for these services:

- Behavioral Health.
- Emergency care.
- Family planning.
- Routine visits to a gynecologist.
- Visits to an obstetrician.

You may use any family planning provider near you, even if the provider is not in the Presbyterian SCI network.

Presbyterian recommends that you tell your PCP about using the services listed above. This will help him or her do a better job to improve your health. However, it is your right not to tell your PCP about receiving services that do not require a referral.

Member Eligibility

When the New Mexico Human Services Department (HSD) finds you eligible for State Coverage Insurance (SCI), you are eligible for 12 continuous months even if you have a change in income. However, in order to remain covered through Presbyterian SCI you must continue to meet the eligibility requirements below.

If you are enrolled through an employer, you must:

- Continue to meet Human Services Department eligibility requirements.
- Continue to meet your employer's eligibility requirements.
- Live within the Presbyterian SCI service area.

If you are enrolled as an Individual, you must:

- Continue to meet Human Services Department eligibility requirements.
- Reside within the Presbyterian SCI service area.
- Remit premium payments to Presbyterian SCI within specified due dates.

Other Insurance

If you are enrolled in another health insurance plan, you are not eligible for this Presbyterian SCI plan. Please notify Customer Service if you enroll in another insurance plan. Other insurance includes coverage from Medicare, Medicaid or another commercial insurance plan. Having other insurance may result in cancellation of your SCI plan all the way back to the date the other coverage was effective. No premiums paid towards your SCI plan will be refunded.

Second Opinions

You have a right to receive a second opinion for surgery or your treatment plan. Presbyterian SCI will help you find a qualified practitioner to give you a second opinion. In most cases, the practitioner will be in the Presbyterian SCI provider network. If there is no qualified practitioner in the Presbyterian network, then we will help you find a qualified practitioner outside of the network. You will have to pay a copayment for a second opinion. To request a second opinion, please contact Customer Service by e-mail at info@phs.org or by phone.

Approvals before seeing a provider

Referrals

Sometimes you may need to see a provider other than your Primary Care Provider (PCP). In these situations, your PCP will arrange the appropriate care with a contracted provider. Presbyterian recommends you tell your PCP if you have seen another provider. This will help your PCP do a better job to improve your health.

Benefit Certification

Some healthcare services require benefit certification from Presbyterian SCI. This means that Presbyterian SCI must review your case and approve the healthcare service requested for you before you receive the service. During benefit certification, nurses and behavioral health clinicians from Presbyterian check to make sure that the service is both necessary and timely. If you would like a copy of the checklist we use to approve or deny a service, please contact Customer Service.

For benefit certification, your provider or practitioner may call our Provider Line at (505) 923-5757 or 1-888-923-5757. This line is open 24 hours every day of the year. If you would like to check the status of benefit certification, please contact Customer Service.

American Indian members

American Indian members may self-refer to an Indian Health Service or tribal health care facility for services.

Use your benefits the right way

Your Presbyterian SCI member identification (ID) card is for your use only. It is an important document to help you get the healthcare services you need. You are responsible for protecting your member ID card. Protect it the same way you protect your driver's license, checkbook, or other form of personal information. Misusing your ID card or ID number, like giving, loaning, or selling the card or the information written on it, could result in losing your benefits. Presbyterian also could take legal action if you commit fraud. Keep your member ID card in a safe place.

You may notice other things that are not right. For example, a practitioner billing Presbyterian for

services you did not receive or people receiving Presbyterian SCI benefits when they should not. Or you notice someone using someone else's ID card. If you notice anything like this happening, please call or write Customer Service. See the information about Fraud and Abuse on page 55 of this handbook.

Translation services

Presbyterian SCI offers translation services for over 140 languages. Some of these languages are: Spanish, Vietnamese, Portuguese, Russian, and American Sign. Our Customer Service Representatives speak English, Spanish, and Navajo/Diné. When you call Customer Service, ask to be helped in the language you need.

Presbyterian SCI also makes available written materials in languages and formats other than written English. We provide these translations when we learn that there are larger groups of Presbyterian SCI members who can use only another language or format. To request written materials in Spanish or in another language or format, please call Customer Service or e-mail us at info@phs.org.

Consumer Advisory Board

We know you have important things to say and we want to make sure your voice is heard.

Join the Presbyterian SCI Consumer Advisory Board (CAB) and you can share your ideas about Presbyterian SCI with the CAB. Board members get to:

- Talk about current issues.
- Make suggestions to fix service issues or concerns.
- Provide input to member communications.
- Celebrate our successes.

Here are some benefits of becoming a board member:

- Everyone at the CAB meeting gets a stipend (or a payment) for his or her time and travel.
- Receive valuable updates about upcoming projects and new services.
- You can make a difference.

We listen to our Consumer Advisory Board and you can help Presbyterian SCI become even better. If you have an idea on how we can serve you better, this is your chance to share and become more involved in the health care Presbyterian SCI provides.

Please call us at (505) 923-5225 or e-mail us at info@phs.org, if you are interested in joining.

We help you get the care you need

Presbyterian SCI uses a process called **Utilization Management** to take the best care of you in the best place and at the right time. This process is made up of some other processes that are explained below. If you have questions about any of these processes, please contact Customer Service.

Utilization Management decision-making is based only on appropriateness of care and service and your coverage. Presbyterian SCI does not specifically reward practitioners or others for denying coverage or service. Money rewards are not given to utilization management decision-makers for decisions that might result in under-use of care.

Benefit Certification – Some healthcare services require Benefit Certification from Presbyterian SCI. During benefit certification, Presbyterian SCI checks to make sure that the services are both necessary and timely. If you would like a copy of the Benefit Certification Guide, contact Customer Service.

Concurrent Review – Nurses work with discharge planners from hospitals or other medical facilities to make sure that you can stay in the facility for as long as you need care.

Retrospective Review – Nurses and behavioral health clinicians review your insurance claims to make sure you received the necessary healthcare that was right for you.

Care Coordination – This is the process Presbyterian uses to help coordinate your medical needs whether you are in the hospital or at home. If you are in a hospital, a Presbyterian Nurse Care Coordinator will work with the hospital staff to help make the discharge process successful. When you are at home, a Nurse Care Coordinator will help you get services specific to your medical needs and will help find services in your area. Care Coordination works with you, your family, and your practitioners to be sure you go to the hospital or the emergency center only when it is necessary.

Case Management – This a process helps us manage the services for members with long-term or complex health problems. We work with practitioners, members, and their families to be sure that members go to the hospital and emergency room only when needed. We also make sure that members are using the right medicine. Our Case Managers use medical, social, and community resources to help our members manage their own health.

Quality Improvement

Presbyterian's Quality Improvement Program is designed to improve the quality of care and services that members receive. We work to improve our Customer Service and the benefit information we send to you. If you have any questions about our Quality Improvement Program, please call Customer Service.

Presbyterian Healthy Solutions

Presbyterian Healthy Solutions is a program for Presbyterian members who need help when they have a chronic medical condition. A chronic condition can be diabetes, high blood pressure or coronary artery disease.

We can help you:

- Learn more about your medical condition and how to treat it.
- Make the lifestyle changes that will improve your health.
- Find the best way to work with your healthcare practitioners.
- Have more energy to do the things that are important to you.

Presbyterian Healthy Solutions provides:

- Support from health coaches, pharmacists and Case Managers.
- Easy to understand materials.
- Lifestyle and motivational tools.

For more information call Healthy Solutions at (505) 923-5487 or toll-free at 1-800-841-9705. You can call Monday through Thursday from 12 noon to 8:00 p.m. and Friday from 10:00 a.m. to 6:00 p.m.

What care is available if I am out-of-area?

If you are outside New Mexico (but not outside the United States), or you are going to see a practitioner who is not on our list of Presbyterian practitioners, you are out of Presbyterian's service area. We call this being "out-of-area." When you are out-of-area, we cover you for urgent care and emergency services only.

If you are out-of-area and have a life-threatening emergency, go to the nearest emergency service provider and show them your Presbyterian SCI member ID card.

If you are out-of-area and the care you need is not life threatening, call Nurse Advice New Mexico at 1-888-730-2300. There is no extra charge for this service.

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

Out-of-pocket maximum

When you received your eligibility letter from the state Human Services Department, it included the amount of your annual maximum out-of-pocket expenses. The annual out-of-pocket maximum is to help you with your expenses. Copayments and premiums, if any, that you pay, add up toward your out-of-pocket maximum.

Please note:

- The employer portion of the monthly premium (\$75), if applicable, **does not count** toward the out-of-pocket maximum (either you or your employer may pay this amount).
- The employee portion of the premium that you may pay (\$20 or \$35 depending on your federal income guideline level) **does count** toward the out-of-pocket maximum.
- If you pay the "Employer" part of the premium, that amount **does not count** toward the out-of-pocket maximum.
- If you or your employer pay the employer portion of the monthly premium, it will still be required even after you meet your out-of-pocket maximum expenses.

Once you have met your annual out-of-pocket maximum in a benefit plan year, Presbyterian SCI will pay for covered services in full, until your plan benefit maximum of \$100,000 has been reached. Every time you make a copayment or premium payment, keep your receipts. You are responsible for collecting and adding up your receipts for copayments and premium payments and submitting them to Presbyterian SCI to verify that your annual out-of-pocket maximum has been met.

Once Presbyterian SCI has verified that your out-of-pocket maximum has been met, you will no longer have to pay applicable copayments for covered services beginning on the first of the following month, if verification occurs before the 24th of the month. For example, if verification is completed on October 20, you will not pay copayments beginning November 1. If verification of the cost-sharing maximum is not completed prior to the 24th, the waiver of copayments will not begin until the first of the month following the next month. If verification is completed on October 25, you will not pay copayments beginning December 1.

This waiver of copayments will end on the last day of the current benefit year. For example, if your benefit year ends March 31, you will be required to start paying copayments and applicable premiums as of April 1. All of your benefit and cost sharing maximums will start over on this date.

Benefit maximum

Certain benefits are subject to visit, day or dollar amount maximums. Once a benefit maximum has been reached, Presbyterian SCI will no longer make payments on these services. Benefit maximums are listed in this handbook in *Section 3 – Benefit Details*.

Benefit plan maximum

Your Presbyterian SCI plan has a \$100,000 annual plan maximum. This means that when Presbyterian SCI has paid \$100,000 of benefits for you in a benefit year, we will no longer pay for any services for the remainder of that benefit year. For example, if your benefit year begins on September 1, Presbyterian SCI will pay a maximum of \$100,000 of benefits from September 1 through August 31 of the following year. Once you reach this maximum, you will continue to pay premiums and will be eligible for services from our contracted providers at contracted rates, but Presbyterian SCI will not pay towards any of your services. There is also a benefit plan annual maximum of 25 bed days for certain inpatient hospitalizations, home health services and inpatient physical rehabilitation.

Members who reach the annual plan maximum of \$100,000 or the annual inpatient day limit may choose to change their coverage to the New Mexico Medical Insurance Pool (NMMIP). For more information about NMMIP, please call 1-866-622-4711 or visit its website at www.nmmip.com.

If you transition to NMMIP, you may return to SCI at your next recertification period if you are still considered eligible for SCI. To be eligible for re-enrollment in SCI, you must remain continuously enrolled in NMMIP until your next SCI recertification period.



SECTION 2 – COVERED AND NON-COVERED SERVICES

Covered services

The following list includes some of the services available to you as a Presbyterian SCI member. Some of these services may require benefit certification. Some may be limited by the SCI program guidelines. The New Mexico Human Services Department reserves the right to add or delete benefits. Any covered service you get must be medically necessary. Your Primary Care Provider (PCP) must provide or arrange for most covered services and benefit certifications.

The type and amount of services you need are based on your medical condition. For example, you may need a certain number of physical therapy visits for a broken leg and a different number of therapy visits for a stroke. The length of time you would need to have these services may also be different. If you have a question about the number, type and length of time you or your family member might need a service, please contact Customer Service.

- Practitioner office visits.
- Pharmacy services (your medicine).
- Medical supplies, some medical equipment, and some prosthetic devices.
- Hospital services, inpatient and outpatient.
- Medically necessary surgeries including preoperative and postoperative care.
- Pregnancy-related services.

- Emergency medical services including emergency room visits.
- Post-stabilization care.
- Physician services, hospitalization, prescription drugs, or other medical services connected with covered organ transplants.
- Special rehabilitation services such as physical, occupational, and speech therapy.
- Laboratory, X-ray, and medical imaging services.
- Family planning and reproductive services.
- Home health care.
- Behavioral health services (mental, drug and alcohol).
- Telehealth services.
- Case Management and Care Coordination.
- Second opinions by Presbyterian practitioners other than your PCP. (If there is not another qualified provider in the network, your PCP can arrange for you to see an out-of-network provider for a second opinion.)
- Mastectomy-related services such as reconstructive surgery (surgery to make your breasts look the same), artificial breasts, and procedures to fix complications from your mastectomy such as lymphedema.
- Pregnancy terminations.
- Dialysis treatments.
- Nutritional services.
- Nurse Advice New Mexico.

Some services require Benefit Certification (prior approval) before you receive the service.

Refer to *Section 3: Benefit Details* for more covered services and benefit information.

Behavioral Health

In addition to medical concerns, there may be times when you need help with mental or emotional health, or alcohol- or drug-related problems. We call these services Behavioral Health Care.

Presbyterian SCI covers all of the services in the SCI benefits package. These services include:

- Inpatient treatment and evaluation.
- Outpatient hospital services.
- Outpatient counseling and therapy (including individual and group therapy as needed).
- Treatment for substance abuse and alcohol abuse including:
 - Inpatient detoxification
 - Outpatient detoxification

There are four ways you can get Behavioral Health Care:

1. Call the Access to Care Line at 1-866-593-7431, 8 a.m. to 5 p.m., Monday through Friday. If you call outside normal business hours, an answering service will take a message for someone to call you back soon after you call.
2. Call or visit your nearest Presbyterian Behavioral Health Provider (listed in the *Presbyterian SCI Provider Directory*). Many of these providers are centers with counselors who can help you to get help. Your provider directory lists the locations of these behavioral health providers.

3. Call your behavioral health provider.
4. Call your PCP. He or she can help you to get the care you need.

If you call the Access to Care Line, you will talk to a customer service representative who will make sure you are enrolled in Presbyterian SCI Behavioral Health Care. Then you will talk to a behavioral health professional about your problem. That professional will help you to get the right kind of care to solve your problem.

If you call or visit your Presbyterian SCI behavioral health provider, you will speak to a counselor who will arrange for the care you need. If you call your PCP, he or she will help you get in touch with Presbyterian Behavioral Health Care to get the care you need.

No referral needed

You do not need a referral from your PCP to get behavioral health care. You can go directly to a behavioral health provider for help. Presbyterian SCI encourages you to tell your PCP if you are using these services. However, one of your rights is that you do not have to tell your PCP that you are using these services.

Behavioral Health emergency

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

- Call 911.
- Go to the nearest hospital's Emergency Center.
- Call the Access to Care Line at 1-866-593-7431.
- Call the nearest Presbyterian SCI behavioral health practitioner (listed in the *Presbyterian SCI Provider Directory*).

Continuing Behavioral Health Care

If you already have a behavioral health provider who is in the Presbyterian SCI network, you may stay with that provider. If your behavioral health provider is not in the Presbyterian SCI network, you must choose a contracted provider.

If your behavioral health provider is in the Presbyterian SCI Behavioral Health Care network, he or she should call the Access to Care Line to let us know that you are getting care. If your provider is not in our network, call Customer Service for help choosing a new behavioral health provider who is part of our network.

Please note: Presbyterian will not pay for services you get from a behavioral health care practitioner who is not part of our network.

If you or a family member is in a behavioral health hospital, Presbyterian Behavioral Health Care staff will contact your behavioral health provider to review your case and arrange a treatment plan that meets your needs. There will be no immediate interruption of care for anyone in a behavioral health acute-care facility.

Your provider may offer you other additional services. These services will be discussed with you during your treatment-planning visit. All decisions about your behavioral health care are coordinated with Presbyterian Behavioral Health Care.

How to change your Behavioral Health provider

To change your provider, call the Access to Care line at 1-866-593-7431, from 8 a.m. to 5 p.m., Monday through Friday. Tell us if you want a different provider. We will help you find a new provider.

If you have problems with your Behavioral Health provider

If you have a problem with your behavioral health provider, call 1-866-593-7431. We will listen to your problem and help you.

Emergency care

If you are very sick or have an injury that you believe must be treated as an emergency, call 911 (or the emergency number in your area) or go to the emergency room. If you have an emergency, you may go to any hospital or facility that provides emergency care. You do not need Benefit Certification (also known as prior authorization). You do not need a referral from your PCP.

The provider directory shows the locations within the Presbyterian SCI network where providers and hospitals provide emergency services and post-stabilization services. The list below show some of the reasons to call for emergency help:

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

The emergency facility doctors and nurses take care of people who are so sick that they could get worse or die if they don't get care right away.

It's important you go to an emergency facility only for true emergencies. If you have other symptoms that are not severe, and you are not sure if you need to go to the emergency room, follow the "Count 1-2-3" guidelines below.

Count 1-2-3

1. Call your PCP's office. They will let you know where you should get care.
2. Call NurseAdvice New Mexico at 1-888-730-2300. You can speak to a nurse 24 hours a day, 7 days a week. The nurse will ask questions and tell you who to call or where to go for care. If your PCP's office is closed, the nurse can also help you decide what you should do.
3. Go to an urgent care center. "Urgent care" is when you need medical attention right away for an unexpected illness or injury, and it is not reasonable to get medical care from your PCP.

The list below shows symptoms that probably don't need treatment in an emergency facility:

- Earache.
- Flu.
- Runny nose or cold.
- Rash.
- Sore throat.
- Stomach ache.

If you:

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

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

If you are using reasonable judgment and believe that you have an emergency, you will only be responsible for any copayment that applies for the emergency room visit. Presbyterian SCI will not deny a claim for emergency services even if the Emergency facility workers decide that your health problem is not an emergency.

However, if you know that your illness is not serious or life-threatening and you go to the Emergency facility, you may be billed for the services you receive. You may also have to wait a long time to be seen.

Follow-up care after an emergency

After a visit to the Emergency facility, you may need follow-up care. The follow-up health care you receive will either keep your health steady or improve or resolve your health problem. This is called post-stabilization care. You may receive post-stabilization care in a hospital or other facility. Presbyterian SCI covers this care.

For other follow-up care, such as medicine refills or having a cast removed, go to your PCP's office.

Refer to "Emergency and Urgent Care Services" in *Section 3: Benefit Details* for more information.

Family planning services

Presbyterian SCI offers family planning services and reproductive health services to all of its members. You have the right to receive these services when you need them and in private. You can visit your own Primary Care Provider or go to any participating family planning center for family planning services without your PCP's referral. Family planning or birth control helps you decide when you are ready

to have a baby. To get help with your decision, you can see a participating family planning practitioner (including an obstetrician) or a representative of Planned Parenthood. You do not need a referral from your Primary Care Provider.

Presbyterian SCI covers the following family planning services:

- Health education and counseling so that you will know which birth control method is best for you.
- Lab tests, if you need them, to help you decide which birth control you should use.
- Follow-up care for trouble you may have from using a birth control method that a family planning provider gave you.
- Family planning counseling.
- Birth control pills and devices, including IUDs and condoms.
- Pregnancy testing and counseling.
- Tubal ligation.
- Vasectomies.

Women have the right to self-refer to a women's healthcare specialist within the network for covered care necessary to provide women's routine and preventive healthcare services. This is in addition to their Primary Care Provider if their Primary Care Provider is not a women's healthcare specialist.

Nurse Advice New Mexico 1-888-730-2300

One important way you can take charge of your own health care is by using Nurse Advice New Mexico. Nurses are available 24 hours a day, 7 days a week, to answer your healthcare questions. You do not have to pay for using Nurse Advice New Mexico.

The nurses will not take the place of your Primary Care Provider (PCP). But, if it's late at night or you

cannot reach your PCP, the nurses can help you decide what to do. The nurses can help you feel better and stay healthy.

Pharmacy (prescription drugs)

When your PCP or other practitioner gives you a prescription for medicine, you will need to get that medicine at one of the pharmacies listed in the *Presbyterian SCI Provider Directory*. **Usually, these are the only pharmacies where you can get your medicine. You can use an out-of-network pharmacy only if Presbyterian SCI approves a request from your practitioner.**

To find a pharmacy near you, check the *Presbyterian SCI Provider Directory*. You can also call Customer Service or ask your PCP. Remember to show your Presbyterian SCI member ID card when you fill your prescription. If you have a problem getting your prescription filled, please call your PCP or Customer Service.

For all new prescriptions:

- Presbyterian SCI will give you up to a 30-day supply of your medicine depending on how your practitioner writes the prescription.
- If your new prescription works for you, then your next two refills will be for 30 days each time.
- You can get a 30-day supply at a time or you can use our mail-order program that will give you a 90-day supply or you can get a 90-day supply at most local pharmacies.
- To use the 90-day supply program, call Customer Service and they will help you fill out a mail-order form so you will get your prescription in the mail. Customer Service can also tell you what local pharmacies will give you a 90-day supply. At some pharmacies in certain communities in New

Mexico, a 90-day supply may not be available to you. Please call Customer Service for details or with any questions.

Prescription drugs and your safety

Presbyterian SCI wants your health care to be as safe as possible. You can do some simple things that will increase your safety. We recommend that you:

- Start by being involved in your health care. If your illness makes this difficult, get help from someone you trust. Studies show that being involved creates the best results.
- Always carry a list of all the drugs that you are taking. This includes prescription drugs, over-the-counter drugs, and any supplements. Review this list with your practitioner at every visit.
- When your practitioner writes a prescription, make sure the writing is readable. When you go to the pharmacy, make sure you get the right drug and the right dose.
- If you have to measure your own medicine, ask your pharmacist to show you how to do so.
- If you have any other questions about your medicine, ask. Don't guess.

Presbyterian SCI's formulary

A formulary is a list of approved prescription drugs. Our formulary is called a "selectively closed" formulary. This means that Presbyterian SCI will usually cover only the drugs on the list. Most of the drugs on the Presbyterian SCI formulary are generic drugs. Presbyterian SCI covers the first-line generic drug in each therapeutic class (type) of drug. Some formulary drugs require benefit certification. This means that your practitioner will have to request permission before prescribing the medicine.

The formulary is available for you to review. Please call Customer Service to learn more about the drugs

on the formulary. Your practitioners and pharmacy also have copies of the formulary.

Generic and brand-name drugs

When a company creates and patents a prescription drug, the drug is called a "brand-name drug." When another company makes the same drug, it is called a "generic drug." Generic drugs usually cost less to buy than brand-name drugs, but they are made the same way. Each therapeutic class of drugs may have more than one brand-name and generic drug. Presbyterian SCI selects a "first-line" generic drug in most classes of drugs.

Reviewing the formulary

Presbyterian SCI uses a pharmaceutical management process to make sure that your prescription drugs are safe and effective. A team of pharmacists and physicians meets every two months. Some of these team members are Presbyterian SCI employees and others are from the community. The team is called the Pharmacy and Therapeutics Committee. The team looks at new drugs. The team also looks at new uses for existing drugs. If the drug is proven to be safe and effective, it is added to the list of drugs available to members. The team may say that the drug can only be used to treat certain health problems. These restrictions are noted on the list. Experimental drugs are never added to the list.

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

If your medicine is not on the formulary

Presbyterian SCI wants you to have the right prescriptions to improve your health, even if these prescriptions are not on the formulary. You may

need a drug that is not on the formulary or that is not already approved to treat your condition. In these cases, your practitioner can send a request to Presbyterian SCI. We will look at your practitioner's request, and give certification if we find the non-formulary drug is medically necessary. Approval is usually given for two reasons:

- A similar drug that is on the formulary is determined to be not as effective in improving your health.
- A similar drug that is on the formulary is determined to be harmful to your health.

To make sure you do not have any problems filling your prescriptions, always ask your practitioner to check the formulary.

- If your practitioner prescribes a drug that is not on the formulary, the practitioner must have certification from Presbyterian SCI before you can get that medicine.
- Without Presbyterian SCI's approval, the pharmacy will not be able to fill your prescription.

We understand that you may need a non-formulary drug quickly. In an emergency, Presbyterian SCI will respond to your practitioner's request within 24 hours. You may use the appeals process (see page 49) if your request is denied.

Paying for prescriptions

Presbyterian SCI covers both formulary and approved non-formulary drugs. See the Benefits and Copayment Requirements on pages 6 - 9 of this handbook and your member ID card for copayment amounts.

You may be responsible for the cost of a non-formulary drug if you get the drug without benefit certification.

Pregnancy services

Caring for pregnant women is important to us, and we offer special services to pregnant women. If you are pregnant or think you may be, call Customer Service right away. When you call, we will:

- Help you choose a Primary Care Obstetrician (PCO) or Certified Nurse Midwife for your pregnancy care (also called prenatal care).
- Tell you about special programs for pregnant members.
- Help you choose a Primary Care Provider for you after your six-week checkup following the birth of your baby.

Prenatal care (care during pregnancy)

Early and regular prenatal care is very important for your health and your baby's health. Your practitioner will:

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

At your prenatal care visits, be sure to tell your doctor the name of the pediatrician you want as your baby's Primary Care Provider. Within 30 days after your baby is born, tell your Income Support Division (ISD) Medicaid case-worker as your baby may qualify for coverage through Medicaid. The sooner you tell the eligibility case worker about your baby's birth, the sooner you can help arrange medical services for your baby.

If you are no longer pregnant (because of miscarriage or abortion), and do not need the services of a Primary Care Obstetrician or Certified Nurse Midwife, call Customer Service.

Birthing options

You can choose to have your pregnancy-related services provided at home or in a birthing center by a licensed certified nurse-midwife (CNM) or a licensed direct-entry midwife (DEM). **These services will be covered only if they are provided by healthcare providers who have an approved Provider Agreement with the Human Services Department/Medical Assistance Division (HSD/MAD).**

If you are interested in having a midwife, call Presbyterian and request a midwife packet. Call Presbyterian SCI's Birthing Options Program at 1-866-672-1242, 8 a.m. to 5 p.m. or leave a message. Follow the instructions in the packet when you receive them.

If you choose a midwife for out-of-hospital birthing services, it is your right and your responsibility to:

- Ask the midwife you have chosen if he or she has malpractice insurance.
- Receive an informed consent or informed choice agreement about anticipated or unanticipated complications from the midwife you have chosen.

If the midwife does not have malpractice insurance, you are assuming all risks of damage and injury.

For more information about these services, contact Presbyterian SCI's Birthing Options Program intake coordinator at 1-866-672-1242. You may also call Presbyterian's PRESious Beginnings program at 1-800-325-2258.

Health guidelines for pregnant women

- Visit a practitioner as soon as you think you might be pregnant.
- Your practitioner will tell you how often you need to visit after your first visit. Usually you will visit your practitioner every four weeks until your last trimester. Then you will visit your practitioner every two weeks

until your last month. Then you will visit every week during the last month.

- You will need to visit your practitioner again four to six weeks after you deliver your baby.
- Follow these guidelines in addition to those listed for your age in the Preventive Healthcare Guidelines on pages 61 - 62.

<p>Screenings You can expect to have the following screenings during your pregnancy:</p>	<ul style="list-style-type: none"> • Blood, urine, and other tests that will check the health of you and your baby.
<p>Education and Counseling Your practitioner should discuss these topics with you during your pregnancy.</p>	<ul style="list-style-type: none"> • Tobacco cessation/effects of passive smoking • Alcohol/other drug use • Nutrition, including adequate calcium intake • Multivitamin with folic acid • Breastfeeding for child's health • Lap/shoulder belts • Infant safety car seats • Sexually transmitted disease (STD) prevention • Importance of postpartum visit (follow-up visit after baby is born) • Birth control (at postpartum visit)
<p>Immunizations (shots)</p>	<ul style="list-style-type: none"> • Flu shot (ask your PCP) • Rubella after delivery, if needed

New medical treatments

A committee of medical practitioners and management staff evaluates new technologies and procedures. The Medical Assistance Division of the New Mexico Human Services Department reserves the right to add or delete benefits.

Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, Presbyterian SCI provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and treatment of complications resulting from a mastectomy (including lymphedema). If you have any questions, please contact Presbyterian SCI Customer Service by e-mail at info@phs.org or by telephone at (505) 923-5225, toll-free at 1-866-593-7434.

Non-covered Services

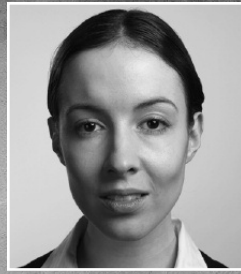
The services listed below are examples of some of the services that are not covered. Look in *Section 3 – Benefit Details* for a more complete list of services that are not covered. Look in the section called "Additional exclusions (non-covered items and services)." Here are some of the services that are not covered by this SCI plan:

- Acupuncture except as shown in the Value Added Services Guide.
- Chiropractic services except as shown in the Value Added Services Guide.
- Services performed or prescribed under the direction of a person who is not a healthcare practitioner.
- Dental services (unless accidental injury, see page 30).
- Sex-change operations.
- Reversal of voluntary sterilization.

- Services or items needed only for cosmetic reasons, including plastic surgery.
- Vision services.
- Laser vision correction, unless it is medically necessary.
- Services that Presbyterian SCI determines to be experimental or done mainly for research purposes.
- Personal care items, like toothbrushes and television sets in hospital rooms.
- Services received outside the United States.
- Medical services provided to a person who is an inmate of a public institution.
- Fertility drugs, in-vitro fertilization, and other pre-pregnancy fertility services.
- Most over-the-counter drugs.
- Some Durable Medical Equipment (Contact Customer Service for a list of what is not covered.)
- Transportation.
- Alcohol and Substance Abuse rehabilitation services, including residential treatment centers.
- Surgical procedures and services related to weight loss.

Experimental treatments

Presbyterian SCI will cover only the costs of medical treatments and medicines that have been shown to work. We do not cover the costs of treatments that Presbyterian SCI determines to be experimental. We also do not cover the costs of services performed or prescribed under the direction of a person who is not a healthcare practitioner.



SECTION 3 – BENEFIT DETAILS

This section gives you more information about the covered services described in Section 2 of this handbook. This section will tell you if a covered service needs benefit certification and if there are limitations and exclusions.

In general, you should visit your Primary Care Provider (PCP) first for covered benefits (except for family planning services, behavioral health, emergency, urgent and ambulance services). If needed, your PCP will direct you to other healthcare providers. Your benefits are subject to Benefit Certification, Limitations, and Exclusions that are explained in this section. **PLEASE REVIEW THESE SECTIONS FOR A COMPLETE UNDERSTANDING OF YOUR BENEFITS.**

Benefit Certification (also called “Prior Authorization”)

Some healthcare services require Benefit Certification from Presbyterian SCI. This means that Presbyterian SCI must review your case and approve the healthcare service requested for you before you receive the service. During Benefit Certification, nurses and clinicians from Presbyterian check to make sure that the service is

both necessary and timely. Your Primary Care Provider (PCP) or a practitioner to whom your PCP has referred you is responsible for obtaining required Benefit Certifications.

The following services require Benefit Certification:

- Inpatient hospital admissions
- Outpatient services:
 - Speech therapy.
 - PET scans.
 - Reconstructive and potentially cosmetic procedures.
 - Short-term physical, occupational, and speech therapy beyond two months.
- Inpatient physical rehabilitation.
- Home health and home intravenous (IV) services.
- Durable medical equipment.
- Reconstructive surgery.
- Certain prescription drugs.
- Hospital/non-hospital delivery.

If you would like a copy of the criteria and the checklist we use to approve or deny a service, please contact Customer Service. For Benefit Certification, your provider or practitioner may call our Provider Line at (505) 923-5757 or 1-888-923-5757. This line is open 24 hours every day of the year. If you would like to check the status of a benefit certification, you may contact Customer Service.

Benefits, limitations, and non-covered services

Ambulance Services

Ambulance services to the nearest facility where you can get emergency care and treatment, provided by a licensed ambulance service are covered.

Ambulance services may also be covered in these cases:

- When you require emergency care and transportation in any other vehicle could endanger your health.
- When needed to protect the life of the pregnant mother or infant.

Benefit Certification is not required for emergency or transfer ambulance services.

Limitations:

Presbyterian SCI will not pay more for air ambulance than it would have paid for ground transportation over the same distance by ground ambulance unless the member's health condition makes the use of ground ambulance services inappropriate.

Behavioral Health and Substance Abuse

See *Section 2 – Covered and Noncovered Services* for information about covered services.

Benefit Certification is required for inpatient and partial hospitalization mental health and substance abuse detoxification services.

Limitations

- Substance abuse outpatient services are limited to 42 days per benefit year.
- Inpatient/partial hospitalizations for mental health and substance abuse services are limited to 25 days per benefit year. The 25-day limitation is NOT combined with inpatient hospitalization, home health

services, and inpatient physical rehabilitation.

- Inpatient substance abuse detoxification is limited to 72 hours of inpatient services per occurrence as part of the total 25-day benefit for behavioral health inpatient services.
- Outpatient substance abuse detoxification services are limited to 10 days per benefit year.

Non-covered services

- Services that are not outpatient or inpatient. Examples are residential treatment centers, treatment foster care, day treatment, and neurobehavioral programs.
- Inpatient substance abuse other than detoxification.
- Learning disorders – special education, counseling therapy, diagnostic testing, or treatment for learning disorders, whether or not associated with a mental disorder, retardation, or other disturbance.
- Counseling: Marital, family, sex, pastoral/spiritual and bereavement.
- Court-ordered care.
- Custodial care.

Dental Services

Oral surgery is covered when under the direction of your Primary Care Provider (PCP) or another provider to whom your PCP has referred you.

Routine dental services are not covered (see Non-covered Services below). Surgery must be for one of the following reasons:

- Accidental injury to sound natural teeth, the jawbones, or surrounding tissues.
- Surgical procedures to correct non-dental, non-maxillo-mandibular physical conditions that clearly limit your function.
- Removal or biopsy, when pathological examination is required for tumors and cysts

of the jaws, cheeks, lips, tongue, roof, or floor of the mouth.

- External incision and drainage of cellulitis; incision of infected accessory sinuses, salivary glands or ducts; removal of stones from salivary ducts.
- Surgical procedures to correct accidental injuries of the jaws and facial bones, cheeks, lips, tongue, or roof or floor of mouth.

Benefit certification is not required for covered oral surgery benefits.

Limitations

- Treatment for injury is only covered when the initial treatment is received within 72 hours of the injury.
- The injury must be properly documented during the initial treatment.
- Services must be completed within 12 months of the date of injury.

Non-covered services

- General and routine dental care and dental x-rays for non-covered dental services.
- Orthodontic services, appliances (braces), endodontics, and dental prosthetics.
- Services done in preparation for dental care or denture wear.
- Services, appliances, and treatment related to Cranio/Temporomandibular (CMJ/TMJ) joint disorders and malocclusion.
- Personalized restoration, cosmetic replacements, or materials that are more expensive than necessary to restore damaged teeth.
- Teeth with crowns or restorations are not considered to be sound natural teeth and thus are not covered for accidental injury benefits.

Diabetes Treatment

Diabetes treatment includes diabetes self-management training, prescription drugs, insulin, supplies, equipment, and appliances for the treatment of diabetes.

This includes:

- Blood glucose monitors (including those for the legally blind).
- Test strips for blood glucose monitors.
- Visual reading and lancet devices.
- Insulin.
- Injection aids, including those adaptable to meet the needs of the legally blind.
- Syringes.
- Medically necessary podiatric appliances for prevention of foot complications associated with diabetes, including therapeutic molded or depth inlay shoes, functional orthotic appliances, custom molded inserts, replacement inserts, preventive devices and shoe modifications for prevention and treatment.
- Glucagon emergency kits.

Diabetes self-management training includes office visits for the following services:

- Medically necessary visits upon being diagnosed with diabetes.
- Visits following a provider diagnosis that represents a significant change in your symptoms or condition that requires changes in your self-management.
- Visits when re-education or refresher training is prescribed by your authorized healthcare practitioner.
- Medical nutritional therapy related to diabetes management
- Prescriptive oral agents for controlling blood sugar levels are considered prescription drugs.

Benefit Certification is required for durable medical equipment for the treatment and management of diabetes.

Limitations

- Durable Medical Equipment for the treatment and management of diabetes is subject to the limitations and exclusions listed under the Durable Medical Equipment section.
- Insulin is limited to two (2) vials per copayment.
- Prescription drugs for the treatment and management of diabetes are limited to those listed on the Presbyterian SCI formulary. Other limitations and exclusions listed under the Prescription Drug Limitations also apply.

Dialysis Services

Long-term hemodialysis and continuous ambulatory peritoneal dialysis (CAPD) is provided when performed under the direction of your Primary Care Provider (PCP) or a consulting provider to whom your PCP has referred you.

Benefit Certification is not required for dialysis services.

Medical Equipment, Medical Supplies, Orthotic Appliances, and Prosthetic Devices

Medical equipment, medical supplies, and orthotic and prosthetic devices are covered when prescribed by your Primary Care Provider (PCP) or a consulting provider to whom your PCP has referred you.

Some items considered medical equipment are:

- Crutches.
- Wheelchairs.
- Nebulizers.
- Oxygen.

- Walkers.
- Orthotic and prosthetic devices.
- Breast prostheses and bras.

Benefit Certification is required for medical equipment.

Limitations

- Prosthetic devices are only covered when they replace a limb or other part of the body after accidental or surgical removal and/or when the body's growth or atrophy necessitates replacement, unless otherwise excluded.
- Breast prostheses and bras are only covered when in conjunction with reconstructive surgery, and limited to two bras per member per benefit year.
- Repair and replacement of durable medical equipment, orthotic appliances and prosthetic devices is only covered when due to normal wear and/or when necessitated by the body's growth or atrophy.
- Contact lenses and eyeglasses are limited to:
 - Following cataract surgery.
 - One complete set of contact lenses or eyeglasses per member per surgery.
 - Coverage for materials (contact lenses or eyeglasses) is limited to \$300 per surgery.
 - Limited to a period of 90 days following cataract surgery.
 - Except as shown in the Value Added Services Guide.

Non-covered services

- Durable Medical Equipment
 - Equipment that is not medical in nature such as voice synthesizers or other communication devices, waterbeds, Jacuzzi units, hot tubs, whirlpools, swimming pools, exercise equipment, heating pads, or hot water bottles.

- Air conditioners, humidifiers, purifiers, or self-help devices, biofeedback equipment, and TENS units.
- Deluxe equipment, such as motor-driven wheelchairs, chairlifts, or beds, when standard equipment is available and adequate to meet functional requirements.
- Repair of equipment that is not owned by the member, or repairs to equipment that exceeds the rental price of another unit for the estimated period of need or that exceeds the purchase price of a new unit.
- Comfort or safety items such as bedboards, hospital beds or mattresses, floatation mattresses, bathtub lifts, grab bars, overbed tables, adjustable beds, telephone arms, diapers, and underpads.
- Sphygmomanometers (devices used to take your blood pressure), stethoscopes, and blood pressure monitors.
- Medical supplies and equipment that can be purchased over the counter such as shower chairs, elevated toilet seats, alcohol pads, and dressing supplies.
- Repair or replacement for lost, stolen or damaged items.
- Prosthetic devices
 - Prosthetic devices that do not replace a limb or other part of the body after accidental or surgical removal and/or when the body's growth or decline necessitates replacements.
 - External prosthetic devices that are suited for heavier physical activity such as fast walking, jogging, bicycling, or skiing.
 - Cosmetic coverings for external prosthetic devices.
 - Repairs of prosthetic devices that are not owned by the member.
 - (Ear) implants.
- Orthotic appliances (used to straighten or support a body part)
 - Accommodative orthotic appliances; orthopedic shoes and shoe orthotic appliances (except when the shoes are attached and an integral part of the brace), arch supports, shoe inserts, special-ordered shoes, custom shoes, built up shoes of any type, and other supportive devices for the feet, except for the management of diabetes as required by law.
 - Orthopedic appliances that can be purchased over-the-counter.
 - Cranial-binding services (shaping of the head).
 - Penile prosthesis.
- Eyeglasses and contact lenses
 - Eyeglasses and contact lenses, except following cataract surgery and subject to the limitations identified in the limitations section.
 - Eyeglasses and contact lenses, following cataract surgery, obtained after the 90-day limitation.
 - More than one pair of eyeglasses or contact lenses (one pair only is covered only after cataract surgery).
 - Both contact lenses and eyeglasses (one pair of either contact lenses or eyeglasses is covered following cataract surgery).
 - Except as shown in the Value Added Services Guide.

Emergency and Urgent Care Services

See *Section 2 – Covered and Noncovered Services for information about covered services.*

Emergency services can be provided in or out of the Presbyterian SCI service area. Services at an appropriate trauma center will continue at least until you are stable, do not require critical care, and can be safely transferred to another facility.

An Urgent Care facility can be used, where available, in or out of the Presbyterian SCI service area for treatment of sudden unexpected acute illness or injury that requires prompt medical attention in order to prevent serious illness that would occur if services were not received immediately.

Benefit certification is not required for Emergency and Urgent Care services.

Limitations

- A participating urgent care center must be used unless you cannot reasonably access a participating provider.
- A participating provider must provide routine or follow-up care.

Non-covered services

- Routine care received at an emergency or urgent care facility.
- Non-emergency follow-up care received from a nonparticipating provider.

Home Health Services/Home Intravenous (IV) Services

We cover home health services that are provided when you are confined to your home due to physical illness or injury. Home health services and home IV services are provided by a home health agency at your home. These services are under the direction of your Primary Care Provider (PCP) or a provider to whom your PCP has referred you.

Some examples of home health services are:

- Services provided by a registered nurse or a licensed practical nurse; by physical, occupational, and respiratory therapists; by speech pathologists; or by a home health aide.
- Prescription supplies for home health services received at the time of the home health visit.
- Home IV services.
- Tube feedings as the sole source of nutrition.

Benefit Certification is required for home health and home IV services.

Limitations

Home health services are limited to 25 days per benefit year. The 25-day limitation is combined with inpatient hospitalization and inpatient physical rehabilitation.

Inpatient Hospital Services

Inpatient hospital services are covered when directed by your Primary Care Provider (PCP) or a provider to whom your PCP has referred you.

Some services that are considered inpatient hospital services when received in the hospital during admission are:

- Semi-private room and board accommodations.
- Nursing care while in the hospital.
- Private room and board accommodations when medically necessary.
- Support care and services received while in the hospital.
- Use of hospital facilities such as laboratories, and operating and recovery rooms.
- Laboratory, X-ray, EKG and other diagnostic tests.
- Anesthesia, oxygen, pharmaceuticals and medications.
- Dressings, casts and special equipment.

- Patient meals and special diets.
- Radiation or inhalation therapy.
- Physical, occupational and speech therapy.
- Administration of whole blood, blood plasma and components.
- Maternity care.

Benefit Certification is required and admissions are to be provided under the direction of your Primary Care Provider (PCP) or a provider to whom your PCP has referred you.

Limitations

Inpatient hospitalization is limited to 25 days per benefit year. This 25-day limitation is combined with home health services and inpatient physical rehabilitation.

Inpatient Physical Rehabilitation

Inpatient physical rehabilitation is provided when performed under the direction of your Primary Care Provider (PCP) or a provider to whom your PCP has referred you.

Benefit Certification is required for inpatient physical rehabilitation.

Limitations

Inpatient physical rehabilitation facility coverage is limited to 25 days per benefit year. This 25-day limitation is combined with inpatient and home health services.

Outpatient Services

Outpatient services are services received in a hospital or other approved outpatient facility. These services may be preventive, diagnostic, or treatment procedures. They are provided by your Primary Care Provider (PCP) or your PCP may refer you to a provider.

These are some of the services that are considered outpatient services:

- Surgeries, including the operation, recovery and treatment rooms, equipment, supplies, anesthesia, dressings and medications.
- Radiation and chemotherapy.
- MRI (Magnetic Resonance Imaging) and PET (Positron Emission Tomography) tests.
- CT scans.
- Holter and cardiac event monitors.
- X-rays, laboratory tests, EKGs (Electrocardiograms) and EEGs (Electroencephalograms).
- Cardiovascular rehabilitation.
- Short-term physical, occupational and speech therapy.

Benefit Certification is required for:

- Speech therapy.
- PET scans.
- Reconstructive and potentially cosmetic procedures.

Limitations

- Must be performed by an approved facility.
- Physical, occupational and speech therapy:
 - Covered for short-term therapy only, a maximum of two months from the date of the injury or problem causing the need for therapy.
 - The physician ordering therapy must determine that these services can be expected to improve your condition within two months.
 - Short-term therapy includes services that show your condition has greatly improved within a two-month period from the initial date of treatment.
 - Two-months of therapy are allowed for each unique medical condition.
 - Requests for rehabilitation services from therapists will not be approved.
- Cardiovascular rehabilitation is limited to a maximum of 36 sessions per cardiac event.

Non-covered services

- Physical, speech, and occupational therapy:
 - Long-term therapy (therapy beyond two months or 60 days).
 - Therapy for chronic or incurable conditions such as, but not limited to; muscular dystrophy, cerebral palsy, developmental delay, myofascial pain disorders, arthritis, autism and syndromes of chromosomal abnormalities.
 - Therapy for psychosocial speech delay including delayed language development and developmental apraxia.
 - Therapy for mental retardation, down syndrome, autism, autism spectrum disorder or dyslexia.
 - Therapy for syndromes associated with diagnosed disorders attributed to perceptual and conceptual dysfunctions.
 - Therapy for learning disabilities, developmental articulation and language disorders, and stuttering.
 - Examples of non-covered therapies include but are not limited to; exercise, massage (except as shown in the Value Added Services Guide), hypnotherapy, sensory, hippo, aquatic, oral aversion, visual training, recreational, sleep, stress management, scream, and myotherapy (a type of massage).
- Infertility treatment services.
- Pulmonary rehabilitation.
- Sex transformation surgery and other related services.
- Sexual dysfunction surgery and other related services.
- Reversal of voluntary sterilization.
- Vocational rehabilitation therapies.
- Weight-loss surgery and other related services for the purpose of weight reduction or control.

- Hair-loss treatments
- Hair-removal treatments.
- Cosmetic procedures.

Prescription Drugs

All generic and brand-name prescription drugs listed on the Presbyterian SCI drug formulary are covered when prescribed by your Primary Care Provider (PCP) or a provider to whom your PCP has referred you. Prescriptions must be filled at a participating Presbyterian SCI pharmacy, unless you have an emergency outside of the Presbyterian SCI service area.

Benefit Certification may be required for certain medications.

Limitations

- Limited to medications on the Presbyterian SCI formulary drug listing. There is an exception process that can be used if your provider feels that a non-formulary drug is required. Please contact Customer Service for more information on this process.
- For each copayment, quantities are limited to a 30-day supply or 100 tablets, whichever is less, per prescription or refill.
- All other units will be dispensed in a 30-day supply, with one copayment required for each of the following quantities:
 - Topical (applied to the skin) products. The lesser of 80 g. of cream or ointment or 60 ml. of lotion or solution or the most commonly dispensed trade package size, per copayment.
 - Oral liquids. 480 ml. maximum per copayment.
 - Inhalers and vials. One copayment per unit (diabetic insulin exception – two vials of the same type of insulin per copayment).

- Manufacturer's trade package. One copayment per trade package (e.g. Imitrex, estrogen patches).
- Mail-order drugs are limited to drugs available through Presbyterian SCI's contracted mail-order distributor.
- Prescription drugs used for smoking cessation are limited to two 90-day courses of treatment per benefit year.

- Physical exams, including health appraisal exams, laboratory and radiological tests, hearing and vision screenings, and early detection procedures.
- Periodic tests to determine blood hemoglobin, blood pressure, blood glucose level, and blood cholesterol level.
- Periodic glaucoma eye test age 35 and older.
- Periodic stool examination age 40 and older.
- Periodic mammograms as follows: one low-dose baseline mammogram for women ages 35 through 39, one low-dose mammogram every 1-2 years for women ages 40 through 49 and one low-dose mammogram annually for women over age 50.
- Health education.
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).
- Periodic colon examination age 45 and older.
- Voluntary family planning services.
- Insertion and removal of contraceptive devices.
- Surgical sterilization.

Non-covered items

- Drugs and medications not listed on the Presbyterian SCI Formulary list unless an exception is requested by your provider and approved by Presbyterian SCI.
- Medications that do not require a physician's prescription (except insulin).
- Contraceptive jellies, creams, foams, devices, or implant contraceptive devices).
- Therapeutic devices or appliances.
- Drugs for hair growth or cosmetic purposes.
- Biologicals, blood, or blood plasma products.
- Experimental or investigational drugs.
- Repair or replacement of lost, stolen or damaged items.
- Infertility treatment services.
- Sexual transformation medications.
- Sexual dysfunction medications.
- Weight loss medications for the purpose of weight reduction or control.
- Hair-loss (baldness) medications.
- Hair removal medications.

Benefit Certification is not required for a preventive visit to your PCP or a participating provider to whom your PCP has referred you.

Non-covered services

- Routine physical examinations, vaccinations and drugs needed for employment, insurance, passports, travel, or for medical research.
- Sports and school physicals, unless done as part of a periodic health assessment.
- Immunizations for foreign travel.

Preventive Health Services

Preventive health services are provided at an age and frequency as identified below and as determined by your healthcare practitioner when performed by or under the direction of your Primary Care Provider (PCP) or a participating provider to whom your PCP has referred you. Some services considered preventive are:

Provider Services

Provider services include provider and consultation services and supplies that are reasonably required to maintain good health and are provided by or under the direction of your Primary Care Provider (PCP).

Provider services include:

- Office visits – when you go to a provider’s office.
- Home visits – when a provider visits you at home.
- Hospital visits – when a provider visits you in the hospital or other inpatient rehabilitation facility.
- In-office procedures - procedures your practitioner performs in his or her office during your office visit.

Reconstructive Surgery

Reconstructive surgery (surgery to correct appearance and function) is covered when under the direction of your Primary Care Provider (PCP) or a consulting provider to whom your PCP has referred you. Reconstructive surgery is covered when an improvement in physiological function can be expected. The functional problem must result from an accidental injury or from congenital defects or diseases. Reconstructive surgery includes:

- Reconstruction surgery of the affected breast or other breast to produce symmetry related to mastectomy. This coverage includes physical complications of all stages of mastectomy, including lymphoedemas.
- For coverage of breast prostheses refer to the medical equipment section on page 32.

Benefit Certification is required for reconstructive surgery.

Smoking Cessation Programs

Presbyterian SCI offers an enhanced benefit that provides coverage for services to help you quit smoking. You have coverage for diagnostic services, smoking cessation counseling, and prescription drugs. Medical services are provided by licensed healthcare professionals with specific training in managing smoking cessation programs. The program includes:

- Individual counseling at a participating practitioner’s office. You will pay the same copayment you pay for seeing your Primary Care Provider or a specialist. There is no limit to the number of visits that are covered. Non-participating practitioners are not covered.
- Group counseling, including classes or a telephone “quit line” are covered through a participating practitioner. You do not pay a copayment. There are no dollar limits or visit maximums. Some organizations, such as the American Cancer Society and Tobacco Use Prevention and Control (TUPAC), offer group-counseling services at no charge. If you want information on these services, contact Customer Service for a list of programs.
- Prescription drugs purchased at a participating pharmacy are covered. Regular prescription drug copayments, limitations, and maximums will apply.

Benefit Certification is not required for smoking cessation services.

Limitations

Prescription drugs are limited to two 90-day courses of treatment per benefit year.

Non-covered services

- Hypnotherapy (The use of therapeutic techniques or principals in conjunction with

hypnosis. Hypnosis is a process by which a trained therapist helps the patient become so relaxed that he or she may be able to accept new ways of thinking or reacting to behaviors the patient wishes to change.)

- Over-the-counter drugs.

Transplants - organ, bone marrow, and/or tissue

Limited benefits are available for organ, bone marrow, and/or tissue transplant services when performed at a Presbyterian SCI approved facility.

Limitations

- The SCI benefit package is limited to \$100,000 in benefits per member per benefit year.
- Organ, bone marrow and/or tissue transplants are limited to heart, heart/lung, lung, liver, cornea, kidney, skin, bone marrow (allogenic and autologous stem cell rescue only for leukemia, aplastic anemia, severe combined immunodeficiency disease, Wiskott-Aldrich syndrome, advanced hodgkins or non-hodgkins lymphoma, recurrent or refractory neuroblastoma, and multiple myelomas), and pancreas (for uremic, insulin-dependent diabetics concurrently receiving a kidney transplant).
- Limited to two transplants per member per lifetime. Multiple organ, bone marrow, and/or tissue transplants performed at the same time are considered to be one procedure.

Benefit Certification is required for transplant services.

Non-covered services

- Medical and hospital services of a donor when the recipient of an organ, bone marrow, and/or tissue transplant is not a member.

- Transplant procedures that are not listed as covered.
- Transplant procedures performed at non-approved facilities or by non-approved providers.

Women's Healthcare Services

Gynecological and pregnancy related care are covered at your Primary Care Provider (PCP), participating women's health care provider or other participating provider to whom your PCP has referred you. These are some women's healthcare services:

- Gynecological office visits.
- Prenatal and postnatal care.
- Mammography screening.
- Cytological (PAP smear) screening.
- Hospital/non-hospital postpartum care.
- Delivery covered under your inpatient hospital benefits.
- Preventive services as outlined under preventive services.
- Osteoporosis screening.

For information regarding breast reconstruction following a mastectomy, refer to reconstructive surgery (p. 38) and medical equipment (p. 32).

Benefit Certification is required for hospital/non-hospital delivery

Limitations

- Home care (delivery and postpartum visits) must be at the direction of the participating provider in agreement with you.
- No more than three home visits for non-hospital deliveries.
- For limitations relating to breast prostheses, refer to medical equipment limitations p. 32.

Additional Limitations

Here are additional limitations of your benefit plan.

The Presbyterian SCI benefit package is limited to \$100,000 in benefits payable per member per benefit year.

For services to be covered they must meet these conditions:

- Be medically necessary.
- Major disasters – in the event of a major disaster, epidemic, or other circumstance beyond Presbyterian SCI's control, Presbyterian SCI will render or attempt to arrange covered services with participating providers when practical, according to Presbyterian SCI's best judgment and within the limitations of facilities, supplies, pharmaceuticals, and personnel available. Such circumstances include complete or partial disruption of facilities, war, riot, civil uprising, disability of Presbyterian SCI personnel, disability of participating providers, or act of terrorism.
- All services, except emergent and urgent care services and behavioral and substance abuse detoxification services, must be provided under the direction of your participating Primary Care Provider (PCP) or a participating practitioner to whom your PCP has referred you.
- Choice of provider – if more than one type of provider is qualified to provide a service, Presbyterian SCI may decide the type of provider to be used.
- Benefit Certification – certain services and supplies are subject to the benefit certification requirements listed on page 29.

Some benefits have specific limitations. Below are benefits with limitations and the details of those limitations.

Additional exclusions (non-covered items and services)

These services are not covered under your Presbyterian SCI benefit plan. The list of exclusions below is not intended to be a complete list, but is intended to help you. The following plan exclusions apply to your Presbyterian SCI plan coverage.

General plan exclusions:

- Any service or supply not specifically listed in Section 2 – Covered and non-covered services or in this section regardless of medical necessity. If a service is not a covered service, then all services performed in conjunction with the non-covered service are not covered as well, including complications resulting from the non-covered service.
- Services not coordinated through your Primary Care Provider (PCP) or a participating practitioner to whom your PCP has referred you. Except for emergency, urgent, mental health, substance abuse detoxification and family planning services.
- Services from non-participating providers. Except for emergency or urgent care services.
- Services requiring Benefit Certification when Benefit Certification was not obtained.
- Any treatment, procedure, facility, equipment, drug, drug use, device, or supply that is not medically necessary.
- Experimental or investigational medical, surgical, or other health care procedures or treatments, including the use of drugs,

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

- Drugs and devices that are not FDA approved or that have been removed from the market.
- Cosmetic services.
- Court-ordered tests, evaluations, and treatment.
- Services received outside of the Presbyterian SCI service area except for emergency and urgent care.
- Custodial or home (domestic) care such as bathing, feeding, preparing meals, or performing housekeeping tasks.
- Injury or illness sustained during the voluntary participation in a riot or the commission of an illegal act or crime, or while under the influence of alcohol or other drug or controlled substance, which is not prescribed by a provider.
- Services you are eligible for and have received under any governmental program for which in the absence of any health services or insurance plan no charge would be made to you.
- Services or supplies for which you have no legal obligation to pay or for which no charge would be made if you were not eligible for Presbyterian SCI.
- Treatment of work-related accidents, injuries, occupational illnesses, or diseases if you are required to be covered under workers' compensation insurance, even if workers' compensation coverage does not exist.
- Any illness and/or injury resulting from war, act of terrorism, or an act of war or service in the armed forces of any country, to the extent covered services of such illness and/or injury are provided through any governmental plan or program.

- Charges associated with the copying or transferring of health information.
- Consultations by environmental engineers.

Benefit-specific exclusions (services that are not covered)

- Acupuncture and chiropractic services except as shown in the Value Added Services Guide.
- Genetic testing, screening (other than by Triple Serum Test only), counseling, tests to determine the gender of an unborn child, and paternity tests, with the exception of genetic testing for the diagnosis or treatment of a current illness.
- Health club fees, spas and exercise program fees.
- Hospice care.
- Hypnosis or hypnotherapy.
- Infertility treatment services.
- Learning disorders – special education, counseling therapy, diagnostic testing, or treatment for learning disorders, whether or not associated with a mental disorder, retardation, or other disturbance.
- Missed appointments – costs incurred in conjunction with missed appointments.
- Modifications, improvements, or equipment for home, workplace, or automobile.
- Podiatry and foot care – including but not limited to treatment for bunions, calluses, corn paring, or excision, or toenail trimming (except in the treatment of insulin-dependent diabetics). Foot massage of any type, treatment of fallen arches, or flat or pronated feet, and shock-wave treatment.
- Pulmonary rehabilitation.
- Comfort items and self-help items for personal safety, comfort, convenience, or beautification.
- Sex transformation surgery, drugs, and other related services.

- Sexual dysfunction medications, counseling, surgeries, and other related services.
- Reversal of sterilization.
- Travel and lodging expenses.
- Vocational rehabilitation therapies.
- Weight-loss surgery, medications, and other related services for the purpose of weight reduction or control.
- Hair-loss (baldness) treatments, medications, and other related services.
- Hair-removal (due to excessive hair growth) treatments, medications, and other related services.
- Holistic medicine and/or biofeedback.
- In-office bone density screening with ultrasound devices.
- Telephone visits by a provider or environmental engineer.
- Autopsies and/or transportation costs for deceased members.

Hearing services

The purchase of hearing aids, and/or fitting thereof, associated hearing aid testing and other artificial aids except as provided under the preventive health services section (except as shown in the Value Added Services Guide).

Vision services

- Eye refractions, eyeglasses, and contact lenses, and/or the fitting thereof, and routine vision services, except for contact lenses or eyeglasses following a cataract surgery;
- Surgical procedures for the correction of visual acuity (to improve your vision) instead of eyeglasses or contact lenses, except for intraocular lenses in connection with cataract removal.
- Eyeglasses and contact lenses are considered medical equipment and are subject to the exclusions listed in the medical equipment sections.
- Except as shown in the Value Added Services Guide.



SECTION 4 – INDIVIDUALS WITH SPECIAL HEALTH CARE NEEDS

Covered services

You can receive all of the services available to Presbyterian SCI members. These services are listed in *Section 2 – Covered and Noncovered Services* of this handbook. You may also receive:

- Complex case management.
- Care coordination.
- Short-term therapies such as physical therapy, occupational therapy and speech therapy.
- Medical equipment.

Your PCP or specialist will decide if you need these services. They or your Care Coordinator can help you sign up for these services.

Presbyterian SCI has a variety of health education programs including classes and written materials to help individuals with special health care needs cope with the day-to-day stress of living with limitations. You may request materials or find out more about classes by calling Customer Service.

Getting emergency care

Please read the “Emergency Care” section of this handbook. This will help you understand when to use the Emergency Room or call 911.

If you are not having an emergency, you can also call NurseAdvice New Mexico, toll-free, at

1-888-730-2300, 24 hours a day. A nurse will ask you questions and tell you who to call or where to go for care. You do not need to pay extra to use this service.

Take time now to fill out a Medical Summary (see page 46 of this handbook). Your Care Coordinator can help. If you have to go to the emergency room, take this Medical Summary with you. The Emergency Room staff will use the Medical Summary to give better health care.

Does Presbyterian SCI need to authorize every service I need?

No, not all services require Benefit Certification (also known as prior authorization). You can look for the services that require benefit certification on page 29 of this handbook.

Referrals and specialists

If your PCP thinks that you need to see a specialist or get other care, your PCP will give you a referral. You do not need a referral for the services below:

- Behavioral Health services.
- Emergency services.
- Family planning services.
- Visits to an obstetrician or routine gynecology visits.

Presbyterian SCI gives individuals with special health care needs greater flexibility to get needed care. With approval, you may obtain specialist services more easily.

Extended referrals

We understand that many individuals with special health care needs have to see a specialist regularly. To make this easier for you, we can give you an extended referral. An extended referral allows you to see a specialist over a long period of time without first going to see your PCP. Customer Service can help you get an extended referral. Please note that Customer Service is not authorized to give you the referral. Instead, they will help you get the referral from Presbyterian SCI's Health Services Department.

Choosing a specialist as a PCP

Individuals with special health care needs have different medical needs than other members. Many times, these individuals need primary care from a specialist. In these cases, it is better to have a specialist as a PCP. The specialist must do two things to be the PCP:

- The specialist must agree to be the PCP
- The specialist must understand the special health care needs.

If the specialist does both, Presbyterian SCI will make the specialist the PCP. Specialists often serve as PCPs to individuals with special health care needs that have:

- Complex cases.
- Severe symptoms that occur suddenly and/or frequently.
- A need to see many practitioners.
- A need for a lot of medical tests or x-rays.
- A need to take a lot of medicine.
- A need to use durable medical equipment at home.

If you feel that you need a specialist for a PCP, call Customer Service. Ask for a specialist to be your PCP. If Presbyterian SCI approves your request, Customer Service will tell you about the approval. They will also send you a new ID card that shows the name of the specialist on the card.

Out-of-network services

If you need medical services that are not provided by practitioners in Presbyterian SCI's network, you or your PCP should call your Care Coordinator. Your Care Coordinator will send your request to the Presbyterian Medical Director. If the medical director approves your request, our Benefit Certification (sometimes called Prior Authorization) Department will call your PCP's office. They will give your PCP the authorization number for the service. Your PCP will tell you that the service has been approved. Your PCP will also help you sign up for the services.

Care Coordination

As a member with special health care needs, you may need the help of a Care Coordinator.

Care Coordinators have two important jobs. They help everyone involved in your care understand your medical and behavioral health needs. They also work with you and the right practitioners and providers to make sure that you get the covered care that you need.

You can request to be evaluated by a Care Coordinator. You can then decide if you want to use the Care Coordinator services for your health care.

How to get assigned to a Care Coordinator

Call Presbyterian SCI's Intake Coordinator toll free at 1-866-672-1242 to get a Care Coordinator. The Intake Coordinator will help you find out whether you need a Care Coordinator. The Intake Coordinator will ask if you have:

- More than one medical condition that makes it hard to get coordinated care.
- A medically complex health care need, such as an organ transplant.
- High-risk medical conditions such as diabetes or asthma.
- A practitioner report that says you have special health care needs.
- An injury or illness that changes your everyday life.

Your Care Coordinator will be the link between your PCP and all the other health care services that you use. The Care Coordinator will also be the link between your PCP and the community-based programs that you use. The Care Coordinator works closely with your PCP and hospitalists (doctors who take care of you when you are in the hospital).

With your help, your PCP will make a treatment plan to improve your health. A treatment plan is the plan you and your PCP create and follow that helps you to manage your illness. Your Care Coordinator will help you follow the treatment plan.

You can call your Care Coordinator at the number he or she gives you. Call Customer Service if you cannot find your Care Coordinator's number. We will transfer your call.

Durable medical equipment and supplies

Durable medical equipment refers to items such as wheel chairs and other medical equipment that you may need in your home. See the "Medical

Equipment, Medical Supplies, Orthotic Appliances, and Prosthetic Devices" section on page 32 for a list of covered items.

Your Care Coordinator will work closely with you to make sure that you get the necessary durable medical equipment and supplies that are covered by your plan. Every month, your Care Coordinator will ask you for a list of necessary supplies so he or she will always know what supplies and equipment you need.

Late arrival of medical supplies

If durable medical equipment or supplies do not arrive when needed, call Customer Service. We will make sure that you get what you ordered. We may also send a medically acceptable substitute.

Preparing for power failure or disaster

Talk to your PCP and Care Coordinator and ask for advice to protect your health during a disaster. Your PCP or Care Coordinator can help you decide what supplies you may need.

Community resources

Your Care Coordinator will help you find the community services that are available in your area. He or she will also help you sign up for services. Services that may be available include:

- Women, Infants and Children (WIC) Program.
- Durable Medical Equipment providers.
- Discharge planning with Social Services in hospitals.
- Narcotics Anonymous.
- Alcoholics Anonymous.
- Support Groups.

Here is a list of community organizations:

- ALS (Amyotrophic Lateral Sclerosis) Support Group
(505) 323-6348
www.alsanm.org
Information and support for people living with Amyotrophic Lateral Sclerosis (also known as Lou Gehrig's Disease).
- American Cancer Society
(505) 260-2105
www.cancer.org
A statewide information and support resource.
- American Diabetes Association
(505) 266-5716
www.diabetes.org
A statewide information and support resource.
- American Lung Association
(505) 265-0732 or 1-800-586-4872
www.lungusa.org
A statewide information and support resource.
- Cystic Fibrosis Foundation
(505) 883-1455
www.cff.org
A statewide information and support resource.
- Epilepsy Support Group
(505) 872-2615
Albuquerque-based support group offering emotional support and information.
- Lupus Foundation of America
(505) 881-9081
www.lupus.org
Support groups and education for people with lupus.
- National Multiple Sclerosis Society – Rio Grande Division
(505) 243-2792
www.nationalmssociety.org
Statewide advocacy group and information resource that has support groups for those with Multiple Sclerosis.
- Prader-Willie Syndrome Project
(505) 332-6868 or 1-800-794-7970
Provides case management, support, training, and consultation on the treatment of all aspects of Prader-Willie Syndrome. Also provides emergency respite care.
- Sickle Cell Council of New Mexico
(505) 254-9550
www.sicklecellnm.org
Statewide advocacy group and information resource that has support groups for those with Sickle Cell.

Medical Summary

Please complete the Medical Summary on the next page. Your Care Coordinator can help you complete the Medical Summary. We ask that you carry this Medical Summary with you at all times. Bring the Medical Summary with you any time you need health care. Ask your Care Coordinator or PCP to make copies if necessary. As your healthcare needs change, be sure to update the summary as needed.

MEDICAL SUMMARY

Date Completed _____

Member Name _____ Phone Number _____

Address _____

In Case of Emergency call: _____ Phone Number _____

Health Problems _____

I am allergic to the following _____

Name of your Case Manager _____ Phone Number _____

Other Case Manager _____ Phone Number _____

My Doctors are:

Primary Care Physician _____ Phone Number _____

Specialist/Specialty _____ Phone Number _____

Specialist/Specialty _____ Phone Number _____

Specialist/Specialty _____ Phone Number _____

Current Medicines

Name of Drug	Time Taken	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(please complete other side)

Current Medicines (continued)

Breathing Treatments	Time Taken	Dosage
_____	_____	_____
_____	_____	_____

I am getting the following services

Type of Service	Provider	How often
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Equipment and Supplies

_____	_____	_____
_____	_____	_____
_____	_____	_____

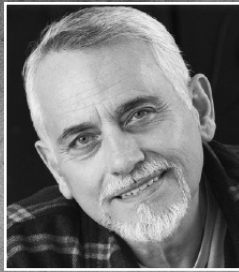
Surgical History

Type of Surgery	Name of Dr. or Hospital	When/Where
_____	_____	_____
_____	_____	_____
_____	_____	_____

My last hospitalizations were:

For What Reason	Which Hospital	When
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheets/information as needed.



SECTION 5 – YOUR RIGHTS AND RESPONSIBILITIES

Grievances and Appeals

What if I get a bill or claim for services that should be paid by Presbyterian SCI?

If you receive a bill or a claim for covered emergency or urgently needed services received from a non-participating practitioner or provider, please do not pay it. We will pay the covered amount. You can be held financially responsible for charges if you voluntarily received non-emergency or non-urgent services from a provider or practitioner who is not in the Presbyterian provider network.

Please send your bill or claim to us at the following address:

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

What if I am not satisfied with my health care?

If you are not satisfied with your medical or behavioral health care, you should discuss the problem with your Primary Care Provider (PCP). If you still have concerns after talking with your PCP, call Customer Service. Customer Service can help you if you have a specific complaint about your medical or behavioral health care.

You may also file a grievance about your health care.

A grievance is an official notice of your dissatisfaction with your health care. If you decide to file a grievance, you must do so within 90 calendar days of the date that you had the problem with your health care. You may file a grievance orally or in writing. If you need help filing a grievance, please call Customer Service. Customer Service can also help you translate the grievance into English. You can call or write to Presbyterian SCI. Call (505) 923-5225 in Albuquerque or 1-866-593-7434 outside of Albuquerque.

Or write to:

**Presbyterian SCI
Grievance Coordinator
P.O. Box 27489
Albuquerque, NM 87125-7489**

You may also send your grievance by e-mail to info@phs.org.

Presbyterian will send you a letter acknowledging receipt of your grievance. The letter will be sent within five business days. We will resolve your grievance within 30 calendar days.

If we cannot resolve your grievance within the 30-day period, we may request an extra 14 calendar days. You also have the right to request a 14-day extension. The New Mexico Human Services Department (HSD) must approve any 14-day

extension. If we ask for the extension, we will send you a letter that explains why we asked for the extension. We will send you the letter within two business days.

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

Unless they are involved in your grievance, we will not tell anyone about your grievance without your permission or unless we are required to by law. We will still give you the health care that you need, even if you file a grievance. You will not be punished for filing a grievance with Presbyterian.

Presbyterian keeps copies of all filed grievances. You may ask to see copies of your grievances at any time. Please use the contact information above to see your grievances.

What if I am denied health care that I need?

Presbyterian wants you to have the health care you need. Our employees are very careful to make sure that the health care you receive is the right kind and right amount of care.

You have the right to disagree with any of Presbyterian SCI's decisions or actions that affect your health care. Specifically, you can disagree with us if:

- A healthcare service that you or your provider requests is limited or denied.
- A healthcare service that you have already been certified to receive is limited or denied.
- Presbyterian SCI decides not to pay for all or part of a healthcare service.
- Presbyterian SCI does not give you good service or does not respond to your complaints.

- Presbyterian SCI does not complete a benefit certification for routine care within 14 days, or for urgent care within 72 hours.

If you disagree with a decision or action that affects your health care, you may file an appeal with Presbyterian SCI. An appeal is an official notice of your disagreement and a request for review of our decision or action. If you decide to file an appeal, you must do so within 90 calendar days of the date that you received notice of the decision. You may file an appeal orally or in writing. If you need help filing an appeal, please call Customer Service. Customer Service can also help you translate the appeal into English. You can call or write to Presbyterian.

Call (505) 923-5225 in Albuquerque or 1-866-593-7434 outside of Albuquerque and ask to file an appeal, or write to:

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

You may also send your appeal in an e-mail to info@phs.org.

Presbyterian SCI keeps copies of all filed appeals. You may ask to see copies of your appeals at any time. Please use the contact information above to ask to see your appeals.

If you or your provider files an appeal within 13 calendar days of receiving notice of our decision, and you request an extension of the benefit, we will continue the health care service until:

- The appeal is withdrawn.
- 13 days have passed after mailing a resolution of the appeal letter and there is no further disagreement.
- The time period or limits of the certified health care service have expired.

You may have to pay for services received if the appeal is resolved in favor of Presbyterian SCI.

After receiving your appeal, we will send you a letter within five business days. The letter will state that we received your appeal. It will also state when we expect to resolve your appeal. We will resolve your appeal within 30 calendar days.

Our appeals process allows members to ask for a Level I appeal and a Level II appeal. A Level I appeal is a first appeal. If a Level I appeal is resolved in favor of Presbyterian SCI, you can ask for a Level II appeal. We will resolve both appeals within a total of 30 calendar days.

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

During the appeals process, you will be able to explain why you disagree with Presbyterian. You will be able to show evidence to us. You will be able to look at your medical records and files. If you want, someone else involved in your health care can speak for you. Both Level I and Level II appeals are heard by Presbyterian SCI employees, including physicians. However, you will have a new group of employees hearing a Level II appeal.

At the end of the 30-day period, we will send a letter to you and to your practitioner. The letter will state our decision and the date of the resolution. If the decision is not in your favor, the letter will also tell you how to continue your disagreement by asking for a fair hearing through HSD.

Quick decisions on appeals

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

Fair Hearing process

You may ask for a fair hearing through the HSD Fair Hearings Bureau after completing all of the available appeals directly with Presbyterian. You must ask for a fair hearing through HSD within 90 calendar days of receiving notice of the decision with which you disagree. To request a fair hearing, write to:

Fair Hearing Section
New Mexico Human Services Department
37 Plaza La Prensa
P. O. Box 2348
Santa Fe, NM 87507

Or call:
(505) 476-6213 or toll-free 1-800-432-6217 and then press 6.

If you request a fair hearing within 13 calendar days of our decision to deny or limit a healthcare service, Presbyterian will continue the service and wait for the outcome of the fair hearing. You may have to pay for services received if the fair hearing is resolved in favor of Presbyterian.

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

We will not tell anyone about your appeal or fair hearing without your permission or unless we are required to by law. We will still give you the health care that you need, even if you disagree, file an appeal, or ask for a fair hearing. You will not be punished for disagreeing with Presbyterian SCI, for filing an appeal, or for requesting a fair hearing.

How to switch to another health plan

If you are enrolled through an employer, you may switch health plans:

- If your employer switches health plans. You will switch to the employer's new health plan unless you choose to switch to an individual SCI plan.
- If you change employers and your new employer does not offer SCI coverage with your current health plan.

If you are enrolled in SCI individual coverage, you may switch health plans:

- When your eligibility is re-certified.
- "For cause" as defined by HSD.

All benefit maximums and out-of-pocket maximums met from the prior health plan will be carried over to the new health plan.

To request to switch health plans, you will need to send a letter to:

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

Your letter must:

- a. Indicate that the letter is about your enrollment in State Coverage Insurance (SCI);
- b. State if you are enrolled in an individual policy or through an employer group policy;
- c. State the health plan you are currently covered by under your SCI coverage;

- d. State the health plan you wish to change to and written consent from the new health plan stating they are willing to accept you;
- e. Give your name, Social Security number, and identification number;
- f. State your full mailing address;
- g. State your daytime phone number;
- h. Give the reason for your request to change – if it involves a doctor, you need to include the doctor's name and phone number in the letter; and
- i. Include your signature.

HSD will send you a letter indicating if it has approved you to switch. If HSD does approve your switch, it will send you instructions on what you need to do next.

How to disenroll from SCI coverage

You may disenroll from SCI by notifying us in writing 30 days before you want the disenrollment to be effective. If you disenroll from SCI, it is considered a voluntary drop of coverage and you will not be able to re-enroll for six months. See the next paragraph for more information.

Re-enroll in Presbyterian SCI coverage after terminating from the plan

If you voluntarily drop or discontinue your Presbyterian SCI coverage, you will not be eligible to re-enroll in any SCI coverage for six months. The six-month period begins with the first month your insurance was dropped. For example, if your SCI coverage is terminated on September 1, you will not be eligible to re-enroll until March 1. You will be required to reapply through the Human Services Department (HSD) and pay all past-due premiums before you can be re-enrolled. Also please note: if the SCI program has a waiting list in effect for new enrollment, you will be subject to the waiting list.

If your employer discontinues SCI coverage

If your employer drops or discontinues your SCI coverage, you can switch to individual SCI coverage. This does not apply if your employer terminates your coverage due to your non-payment of your portion of premiums or when you have requested to be dropped. If your employer drops your coverage and you qualify for and enroll as an individual, you will be required to pay your premium amount plus the amount your employer was paying. You will not have to be re-certified through HSD if your original approval letter issued by HSD is still valid. Benefits that you have used in the benefit year will roll over to your individual plan. This means that your benefit, plan and out-of-pocket maximums will not start over when you switch.

Losing Presbyterian SCI coverage

If you lose your Presbyterian SCI coverage and would like to continue to be covered by Presbyterian Health Plan, please contact our sales department. You can reach the sales department at 1-866-606-7737 choose option 2 then option 4 for information about our Presbyterian Insurance Company Preferred Provider Organization (PPO) Individual plan. The TTY number is 1-877-298-7407.

Certificate of creditable coverage

A Certificate of Creditable Coverage is a certificate given to you when your enrollment from Presbyterian SCI ends. It states the period of time that you were covered by Presbyterian SCI. Presbyterian SCI will prepare and deliver the certificate to you in compliance with all applicable requirements of state and federal law.

If you move

If you move, you must give your new address to Presbyterian SCI. Please also call the Human Services Department (HSD) Income Support Division office where you applied for SCI if you move. We need to be able to keep in touch with you and mail you important information, so please make sure we have your current address and phone number.

How will I know if there are changes at Presbyterian SCI that affect me?

Presbyterian will let you know of any changes to your health plan. We will mail a letter to your home, or we will send you a new version of this handbook.

Member rights and responsibilities

As a member of Presbyterian SCI, you have specific rights and responsibilities. This section lists them for you. You can also find this information on our website, www.phs.org.

Presbyterian SCI respects your rights. Our partnership with you will be best when we ensure your rights and you meet your responsibilities. We follow the Americans with Disabilities Act, and federal and state laws as required.

You have the right to:

- Get information about Presbyterian SCI, services, how to access them, your rights and responsibilities, and the practitioners available for your care.
- Be treated with respect and recognition of your dignity and right to privacy.
- Participate with your practitioner in all decisions about your health care, including your treatment plan and your right to refuse

healthcare treatment. Family members and/or legal guardians or decision-makers also have this right, as appropriate.

- Talk about appropriate or medically necessary treatment options for your health conditions, regardless of cost or benefit coverage.
- File a complaint, appeal or grievance about Presbyterian SCI or the care that you received. Complaints and grievances can be filed with Presbyterian SCI and the New Mexico Human Services Department.
- Make recommendations about Presbyterian SCI's member rights and responsibilities policy.
- Receive health care that is free from discrimination.
- Choose a practitioner or provider from the Presbyterian SCI network (a benefit certification may be necessary to see some practitioners).
- Receive a second opinion from another Presbyterian SCI practitioner.
- Have an interpreter when you do not speak or understand the language that is being spoken.
- Know the name and professional background of anyone involved in your treatment and the name of the person primarily responsible for your care.
- Discuss healthcare concerns with the person responsible for providing your health care or with the Customer Service Department.
- Receive health care that is free from any form of restraint or seclusion that is used to coerce, discipline or punish you or that is used merely for the convenience of a healthcare provider.
- Decide on advance directives for your health care as allowed by law. Please see "Advanced Directives and decisions about your health care" on p. 60 for more information.

- Inspect and get a copy of your Protected Health Information as allowed by law.
- Receive confidential communications of your Protected Health Information from Presbyterian SCI.
- Request an amendment, or addition to, your Protected Health Information if, for example, you feel the information is incomplete or wrong.
- Request that the use or disclosure of your Protected Health Information is restricted (see p. 56).
- Receive an accounting of Protected Health Information disclosures.
- Get a paper copy of the official Privacy Notice from Presbyterian SCI upon request (even if you have already agreed to receive electronic Privacy Notices).
- Be free from harassment by Presbyterian SCI or its network providers in regard to contractual disputes between Presbyterian SCI and providers.
- Select a health plan and exercise switch enrollment rights without threats or harassment.
- Choose a surrogate decision maker to be involved as appropriate, to assist with care decisions.
- Receive any information in a different format in compliance with the Americans with Disabilities Act (ADA).
- Give informed consent for medical services.

You have a responsibility to:

- Give complete health information to help your practitioner or provider give you the care you need.
- Follow your treatment plans and instructions for medications, diet, and exercise as agreed upon by you and your practitioner.

- Do your best to understand your health problems and take part in developing treatment goals agreed upon by you and your practitioner.
- Make appointments ahead of time for practitioner visits.
- Keep your appointment, or call your practitioner to reschedule or cancel at least 24 hours before your appointment.
- Tell your practitioners if you do not understand explanations about your health care.
- Treat your care practitioners and other healthcare employees with respect and courtesy.
- Show your ID card to each practitioner before getting medical services (or you may be billed for the service).
- Know the name of your PCP.
- Have your PCP provide or arrange your care.
- Call your PCP or Nurse Advice New Mexico before going to an emergency room, except in situations that you believe are life-threatening or that could permanently damage your health.
- Tell the New Mexico Human Services Department and Presbyterian SCI about changes to your phone number or address.
- Tell Presbyterian SCI if you have other health insurance, including Medicare and Medicaid.
- Give a copy of your living will and advanced directives to your PCP for inclusion in your medical records.
- Read and follow this handbook.

Fraud and Abuse

How does fraud and abuse affect me?

Fraud and abuse increase the cost of health care for everyone. Presbyterian SCI cooperates with government, regulatory and law enforcement agencies in reporting suspicious activity. This includes both provider and member activity.

Presbyterian SCI has a hotline to report suspicious activity. The telephone numbers are (505) 923-5959 (Albuquerque area) and 1-800-239-3147 (toll-free).

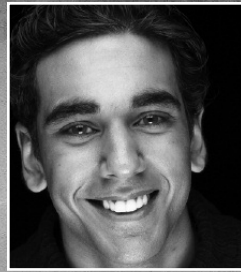
The following are examples of suspicious provider activity that you should report:

- Charging for services that you did not receive.
- Billing more than one time for the same service.
- Billing for one type of service but giving you another type.

The following are examples of suspicious member activity that you should report:

- Forging or selling prescriptions.
- Falsifying enrollment information.
- Allowing someone else to use the member's ID card.

By preventing fraud and abuse, Presbyterian SCI can focus on improving the health of individuals, families, and communities.



SECTION 6 – OTHER IMPORTANT INFORMATION

Protecting your privacy

Presbyterian SCI is serious about protecting your privacy. We recognize that you trust us to use your personal information to improve your health. We do not share your private information with anyone, unless we have your permission or if we are allowed to or required to by law.

Protected Health Information

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

Use and Disclosure

Use occurs when Protected Health Information is shared among Presbyterian SCI employees only.

Disclosure occurs when Protected Health Information is shared by two or more organizations, for example, when your Primary Care Provider discloses Protected Health Information to Presbyterian SCI.

Your privacy rights

As a Presbyterian SCI member, you have the right to:

- Inspect and get a copy of your Protected Health Information.
- Request restrictions on certain uses and disclosures of Protected Health Information.
- Receive confidential communications about your Protected Health Information from Presbyterian.
- Request an amendment, or addition to, incorrect or incomplete Protected Health Information.
- Receive an accounting of Protected Health Information Disclosures.
- Get a paper copy of the official Privacy Notice from Presbyterian SCI upon request (even if you already agreed to receive electronic Privacy Notices).

For more information about your rights, please see below.

Inspecting and getting a copy of your Protected Health Information

You have the right to request access to inspect and get a copy of your Protected Health Information.

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

- Psychotherapy notes.
- Information gathered in reasonable expectation of, or for use in, a civil, criminal, or administrative action or proceeding, such as information that is protected by attorney-client privilege.
- Protected Health Information maintained by Presbyterian SCI that is subject to the Clinical Laboratory Improvement Amendments of 1988 (CLIA) 42 U.S.C. 263a, to the extent the provision of access to the member would be prohibited by law; or exempt from the Clinical Laboratory Improvements Amendments of 1988 (CLIA), pursuant to 42 CFR 493.3(a)(2).
- Claims payment.
- Fraud and abuse prevention.
- Data collection.
- Performance measurements.
- Meeting state and federal requirements.
- Utilization management.
- Research for accreditation.
- Preventive health services.
- Early detection and disease management programs.
- Treatment.
- Coordination of care.
- Quality assessment and measurement, including member surveys.
- Research of complaints and grievances.
- Billing.
- Responding to member requests for information, products or services.

To request access to inspect and get a copy of your Protected Health Information, you must send a request in writing to:

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

Presbyterian SCI will act on this request no later than 30 days after receiving it. If we are unable to act within 30 days, we may take up to 30 more days. However, we must give you a written reason for any delay, and we must tell you by what date we will act on your request.

Requesting restrictions of Use and Disclosure

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

You have the right to request that use or disclosure of your Protected Health Information is restricted to:

- Presbyterian's SCI treatment,
- payment and healthcare operations; and
- persons involved in your care (e.g., family member, other relative, close personal friend, or any other person you name); notification of your location, general condition, or death; and a public or private entity assisting in disaster relief

By law, Presbyterian SCI may deny any requests for Protected Health Information. If we do honor a request, we will not violate the agreement, except as permitted by law. We will accept your request in writing, or we will document your verbal request.

Requesting an Amendment (addition to) Protected Health Information

You have the right to request an amendment, or addition to; your Protected Health Information if, for example, you feel it is incomplete or inaccurate.

This right lasts for as long as we keep the information. You do not have the right to delete Protected Health Information.

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

Requesting an account of Protected Health Information Disclosures

You have the right to request an account of Protected Health Information disclosures. For each disclosure, the account must include:

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

To make a request, please contact Customer Service.

Use of consents and authorizations

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

All Presbyterian SCI network providers, practitioners and facilities must follow federal and state laws and keep patient information confidential. This includes a patient's HIV/AIDS status, mental health, sexually-transmitted diseases, or alcohol or drug abuse.

Presbyterian SCI will not disclose your Protected Health Information without your authorization, except as permitted or required by law. Please note that you give limited consent or authorization when you sign your enrollment form. You allow Presbyterian SCI and its authorized agents, regulatory agencies and affiliates to get limited information about you to access your Protected Health Information.

To request an authorization form, please call Customer Service or visit us at www.phs.org. Authorization forms will be kept in your medical record or enrollment file.

Members who are unable to give consent or authorization

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

Keeping information private and safe

Presbyterian SCI follows strict confidentiality policies. All Protected Health Information is kept in a physically secure location.

Only Presbyterian SCI employees and other authorized persons have access to Protected Health Information. In addition, all employees must:

- Use Protected Health Information only if it is essential to job-related tasks.
- Not discuss Protected Health Information unless it is essential to job-related tasks.
- Keep reports and other Protected Health Information from the view of other patients, members, and employees who do not need the information for a job-related task.
- Obtain signed confidentiality statements from volunteers and signed confidentiality

agreements from organizations in a business relationship with Presbyterian SCI to ensure the proper handling of Protected Health Information.

- Sign a confidentiality agreement.

Violation of these rules by a Presbyterian employee may result in immediate dismissal.

Information collected by our website, www.phs.org

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

- We monitor our website traffic statistics, including:
 - Where visitor traffic comes from;
 - How traffic flows within the website; and
 - The type of browser used.

Traffic statistics help us improve the website and find out what visitors find interesting and useful.

- If you fill out a form on the Presbyterian website, you may provide us with personal information such as your name, address, billing information, or health plan member status.

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

We do not sell, trade, or rent our visitors' personal information to other companies or partners. Ask Customer Service about Pres Online.

Disclosure to government agencies and other organizations

Presbyterian SCI does not disclose Protected Health Information to anyone unless we have your permission or if we are allowed to or required to by law.

Presbyterian SCI also does not share your Protected Health Information with any self insured employer group plan sponsor (i.e., the employer) without proof from the plan sponsor that the plan's documents have been amended to include provisions specified in applicable law. If the plan sponsor has not provided such proof, Presbyterian SCI will only disclose summary health information that does not identify individual members to the plan sponsor for allowable purposes.

We may legally disclose Protected Health Information to certain government agencies or accrediting organizations. These agencies and organizations make sure we comply with applicable laws and standards.

Use of measurement data

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

Questions about our privacy practices

If you have any questions, please call Presbyterian SCI Customer Service. Ask about your Protected Health Information, or ask to inspect your medical records.

You may also refer to our website, www.phs.org, for helpful information such as the provider directory, claims status, eligibility status, and general policy statements such as member rights and responsibilities and our official *Joint Notice of Privacy Practices*.

Advance Directives and Decisions about Your Health Care

Advanced directives make your wishes known if you are sick or hurt and can't speak for yourself. Presbyterian SCI must tell you about your rights as a member and our policies concerning those rights. If you would like a copy of the *Making Healthcare Decisions* handbook, which contains more information about advance directives, contact Customer Service at www.phs.org, or by phone. You can also find information and forms on our website: <http://www.phs.org/PHS/patients/info/advdirective/index.htm>.

Types of advance directives include:

Living will. This lets you detail the treatments you want and don't want if you can't speak for yourself. A living will can tell a caregiver if you want to be fed or given fluids through tubes. It also tells the healthcare practitioners if you want them to make special efforts to save your life. To avoid problems with state and federal laws about practitioner care, make sure you clearly say what you want and don't want.

Durable power of attorney for health care. This lets you choose a friend or relative to make medical decisions for you if you can't do that yourself.

Do-not-resuscitate order. This lets caregivers know you don't want to receive CPR if your heart stops beating.

Make sure to give a copies of your Power of Attorney statement or Living Will to your provider, practitioner and to the hospital, if you are admitted. Always keep a copy for yourself. You may change these directions. If you make changes, make sure everyone has a new copy.

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

Presbyterian SCI cannot help you prepare written directions. Customer Service can give you the contact information for agencies that can help you write directions about your healthcare decisions.



SECTION 7 – HEALTH INFORMATION AND SCREENINGS

Preventive Healthcare Guidelines

Keeping yourself healthy

Our Preventive Healthcare Guidelines list the exams and screenings you should have and at what age you should have them. These are general guidelines for healthy adults. Talk to your Primary Care Provider (PCP) for tips on how to stay healthy, like eating right and exercising regularly. Take charge of your health care.

	Ages 21-64	Ages 65 and older
Breast cancer screening	Mammogram (special X ray of breast) every 1-2 years for women ages 40 and older.	
Cervical cancer screening	Pap smear testing with onset of sexual activity, but at least by age 21. Then every 1-3 years as recommended by your PCP.	
Screening for Chlamydia (a curable sexually transmitted disease that can lead to infertility)	All sexually active women ages 25 and younger and for others at increased risk. Discuss with your PCP.	All sexually active women at increased risk. Discuss with your PCP.
Screening for colorectal (intestine/gut) cancer	By testing for blood in stool every year for everyone ages 50 and older. Discuss sigmoidoscopy or colonoscopy with your PCP.	
Screening for Type 2 Diabetes	Discuss with your PCP.	
Blood pressure check	At least every 2 years	
Lipid/cholesterol screening	At least every 5 years for men ages 35 and older. At least every 5 years for women ages 45 and older.	
Screening for osteoporosis* (bone thinning)		For women ages 65 and older. Discuss with your PCP.

	Ages 21-64	Ages 65 and older
Screening for abdominal aortic aneurysm (a heart problem)		Men ages 65-75 who have ever smoked (one-time test).
Height, weight and obesity	By measuring height, weight, and Body Mass Index (BMI) at every office visit.	
Testing for rubella	Once for all women of childbearing age by history of vaccination or blood test.	
Testing for tuberculosis	Discuss with your PCP.	
Screening for depression	Discuss with your PCP.	
Screening for behavioral health problems (mental health and drug abuse)	First PCP visit.	
Testing for hearing and vision problems	Discuss with your PCP.	
Immunizations (shots)	Tetanus boosters. Ask your PCP about other immunizations you may need. Flu shot every year for everyone age 50 and older and adults at-risk. Shingles (herpes zoster) vaccine for ages 60 and older (one-time vaccine) Pneumococcal vaccine	

Health Education and Counseling Ages 21-65 and older

You should get age-appropriate health education and counseling at every visit on topics such as:

Not using/quitting tobacco

Regular physical activity

Healthy diet (limit fat and cholesterol, maintain caloric balance, emphasize whole grains, fruits, vegetables)

Adequate calcium intake

Multivitamin with folic acid (females planning/capable of pregnancy)

Dental care

Prevention of injuries (motor vehicle, household, and recreational)

- Lap/shoulder belts
- Bicycle, motorcycle, and All Terrain Vehicle (ATV) helmets
- Avoid alcohol/drug use while driving, swimming, boating, etc.
- Safe storage/removal of firearms
- Hot water heater less than 120-130 degrees F (65 years and older)
- Cardiopulmonary Resuscitation (CPR) training for household members (65 years and older)
- Fall prevention (65 years and older)

Prevention of HIV infection and other sexually transmitted diseases (STDs)

Birth control

Discussion of prevention of chronic diseases for perimenopausal and postmenopausal women

Discussion of aspirin for members at risk for heart disease

These are only general guidelines to follow. Your PCP may want you to get these services more or less often. Talk to your PCP about what is right for you.

