Welcome to Presbyterian Centennial Care! We’re proud to be your health plan. We are here to coordinate your physical and behavioral healthcare. We can also help you with long-term care services and supports if you qualify for these services.

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

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

The next few pages of this handbook will introduce you to your plan. You can find the full table of contents on page 13.

Thank you for being a member. You’ve taken a big step to make sure that you and/or your family has health coverage. We look forward to serving you.
Such services are funded in part with the State of New Mexico.

Symbols

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

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

- An alert that we need to hear from you.

- Information about copayment(s).

- What to do in an emergency.

- This means that the information being shared is very important.

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

- Helpful information that you might be interested in.
A Quick Guide to Your Presbyterian Centennial Care Health Plan

New Member Checklist

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

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

   Read more about why you need a PCP on page 28 of this handbook. There are a few ways that you can find a PCP:
   - Look in the *Presbyterian Centennial Care Provider Directory* to find a PCP close to you.
   - Look on our website, [www.phs.org](http://www.phs.org), and click on *Find a Doctor* for the most current list of PCPs.
   - Call the Presbyterian Customer Service Center (📞) for help. The phone numbers and hours are at the bottom of each page of this handbook.

2. **Call the Presbyterian Customer Service Center (📞) if you need to continue any of these types of care:**
   - Pregnancy care
   - Prescription drugs
   - Medical equipment
   - Case management
   - Home health services
   - Behavioral healthcare
   - Non-emergency medical
   - Long-term care services and support
   - Surgery that has already been scheduled
   - Other ongoing care (radiation, chemotherapy, dialysis, ventilator care, diabetes care, or pain control)
transportation

3. **Keep your Presbyterian Centennial Care member ID card in a safe place.** Make sure to take it with you when you see a provider or fill prescription drugs. Your providers will ask for it at visits. You are the only person who can use your card to receive care.

4. **Take a health assessment (HA).** Your HA helps us find out about your healthcare needs so we can help you stay healthy or get care coordination if you need it. See page 21 for more information.

If you have a care coordinator, he or she can help you with these steps.

**Your Healthcare Coverage**

Your Presbyterian Centennial Care plan covers the benefits listed below. Make sure to read more about these services in *Section two – Covered Benefits*. You may need to get approval for some benefits before you have them.

For your benefit to be covered, it must be “medically necessary” (needed). Medically necessary services are physical, behavioral health and long-term care services that are:

- Needed to diagnose, prevent, or treat medical conditions.
- Needed to help you keep (or get back) your full ability to do everything you need to do in order to function at full capacity.
- Provided in the amount, duration, scope, and setting that is effective and appropriate to your needs.
- Provided within standards of practice and national guidelines that are accepted by healthcare professionals.

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

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

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

- Lab tests
- Hospital care
- Dental services
- Vision services
- Transportation
- Prescription drugs
- Behavioral healthcare
- Allergy testing and injections
- Urgent care and emergency care
- Inhalation therapy (for respiratory disease and conditions)
- Long-term care services and support, called Community Benefits
- Preventive services like immunizations (shots), well-child checks, mammograms (including 3-D mammograms), and Pap tests

Please see Appendix A Covered Benefits on page 134 for a full list of covered benefits.

If you have both Medicaid and Medicare

If you are enrolled in both Medicaid and Medicare, you are “dual-eligible.” This means that you use more than one benefit plan for all of your healthcare benefits. Your enrollment with Presbyterian Centennial
Care will not change your Medicare benefits. Medicaid benefits are secondary to Medicare benefits. For more information on dual eligibility, see page 42.

myPRES

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

<table>
<thead>
<tr>
<th>Services Available through myPRES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Look up your benefit plan information</td>
</tr>
<tr>
<td>• Request a new Centennial Care Member ID card</td>
</tr>
<tr>
<td>• Send a question to the Presbyterian Customer Service Center</td>
</tr>
<tr>
<td>• View your claims</td>
</tr>
<tr>
<td>• Check your eligibility</td>
</tr>
<tr>
<td>• Complete your health assessment</td>
</tr>
<tr>
<td>• Check on prior authorization requests</td>
</tr>
<tr>
<td>• View your care plan if you are receiving care coordination services</td>
</tr>
</tbody>
</table>

How to Register for myPRES

1. Go to [www.phs.org/mypres](http://www.phs.org/mypres) and click REGISTER NOW (Figure 1).
8 Introduction

Call Presbyterian Customer Service Center:
Monday-Friday, 8 am to 6 pm
Closed on weekends and holidays
In Albuquerque (English and Spanish): (505) 923-5200
Outside of Albuquerque (English and Spanish): 1-888-977-2333
TTY: 711

Navajo/Diné in Albuquerque: (505) 923-5157
Navajo/Diné outside Albuquerque: 1-888-806-8793

Figure 2. myPRES Member Registration

3. Complete the form. This includes creating a user ID and password that you’ll need to use when you logon to myPRES.

MyChart App

DOWNLOAD THE MYCHART MOBILE APP!

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

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

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

### Presbyterian Customer Service Center Telephone Numbers

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>English and Spanish</td>
<td>Inside Albuquerque: (505) 923-5200</td>
</tr>
<tr>
<td></td>
<td>Outside Albuquerque: 1-888-977-2333 (toll-free)</td>
</tr>
<tr>
<td>Navajo/Diné</td>
<td>Inside Albuquerque: (505) 923-5157</td>
</tr>
<tr>
<td></td>
<td>Outside Albuquerque: 1-888-806-8793 (toll-free)</td>
</tr>
<tr>
<td>Deaf or hard of hearing</td>
<td>TTY: 711</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>The Presbyterian Customer Service Center Can Help You:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find a PCP (Primary Care Provider)</td>
</tr>
<tr>
<td>With a medical or behavioral health problem or complaint</td>
</tr>
<tr>
<td>Take your health assessment (HA)</td>
</tr>
<tr>
<td>With your Pharmacy (drug store/ prescription drug needs)</td>
</tr>
<tr>
<td>Understand your benefits (what is covered and what is not covered)</td>
</tr>
<tr>
<td>With transportation needs</td>
</tr>
<tr>
<td>Find community resources that are available to you</td>
</tr>
<tr>
<td>Set up a myPRES account</td>
</tr>
<tr>
<td>Connect with your care coordinator</td>
</tr>
<tr>
<td>Find a peer support specialist</td>
</tr>
<tr>
<td>File an appeal or grievance</td>
</tr>
<tr>
<td>With translation or interpreter services</td>
</tr>
<tr>
<td>Listen to your feedback, concerns, and ideas for making our services better</td>
</tr>
<tr>
<td>Check on your prior authorization requests</td>
</tr>
</tbody>
</table>

Call Presbyterian Customer Service Center:  
Monday-Friday, 8 am to 6 pm  
Closed on Weekends and Holidays  
In Albuquerque (English and Spanish): (505) 923-5200  
Outside of Albuquerque (English and Spanish): 1-888-977-2333  
TTY: 711  
Navajo/Diné in Albuquerque: (505) 923-5157  
Navajo/Diné outside Albuquerque: 1-888-806-8793  
TTY: 711
You can also reach us by mail or email:

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

The Presbyterian Customer Service Center email is info@phs.org. We will respond to your email within 1 business day.

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

Provider Directory

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

Online With myPRES and www.phs.org

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

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

Call to Request a Copy

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

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

You have the right to talk with your doctor or care coordinator in the language that you want. If you need help getting interpreter services with your doctor or care coordinator, call the Presbyterian Customer Service Center (☎️). This service does not cost you anything extra.

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

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

Call Presbyterian Customer Service Center:
Monday-Friday, 8 am to 6 pm
Closed on Weekends and Holidays
In Albuquerque (English and Spanish): (505) 923-5200
Outside of Albuquerque (English and Spanish): 1-888-977-2333
TTY: 711

Navajo/Diné in Albuquerque: (505) 923-5157
Navajo/Diné outside Albuquerque: 1-888-806-8793
TABLE OF CONTENTS

Presbyterian Centennial Care 2018 Member Handbook ................................................... 2
Symbols ...................................................................................................................... 3
A Quick Guide to Your Presbyterian Centennial Care Health Plan ............................. 4
Your Healthcare Coverage .......................................................................................... 5
If you have both Medicaid and Medicare .................................................................... 6
myPRES ...................................................................................................................... 7
How to Register for myPRES ...................................................................................... 7
MyChart App ............................................................................................................... 8
Presbyterian Customer Service Center ....................................................................... 9
Provider Directory ..................................................................................................... 10
Translation and Interpreter Services ......................................................................... 11

Who We Are ......................................................................................................................... 20
What Is Presbyterian Centennial Care? .................................................................... 20
How Presbyterian Centennial Care Works ................................................................ 21
New Member Welcome Call and Health Assessment ............................................... 21
Member Eligibility ...................................................................................................... 22
Alternative Benefit Plan ............................................................................................. 22
Alternative Benefit Plan Benefit Year ........................................................................ 23
Let Us Know if You Move .......................................................................................... 23
Member Incentives .................................................................................................... 24
Member Rewards ....................................................................................................... 24
Presbyterian Centennial Care Baby Benefits ............................................................ 27
Your Primary Care Provider (PCP) ........................................................................... 27
Choosing Your PCP .................................................................................................. 28
Choosing a Specialist as a PCP ............................................................................... 29
A PCP Close to Home ............................................................................................... 29
Choosing a University of New Mexico Health Sciences Center (UNMHSC) Primary Care Provider (PCP) .......................................................... 30
If You Need to Contact Your PCP After Hours ........................................................ 30
How to Change Your PCP ......................................................................................... 30
Patient Centered Medical Home ............................................................................... 31

Call Presbyterian Customer Service Center
Monday-Friday, 8 am to 6 pm
Closed on weekends and holidays
In Albuquerque (English and Spanish): (505) 923-5200 Navajo/Diné in Albuquerque: (505) 923-5157
TTY: 711
Making Appointments with Your Primary Care Provider (PCP) .................................................. 31
Canceling or Changing an Appointment ..................................................................................... 33
Specialists and Referrals ............................................................................................................. 33
Seeing an OB/GYN for Routine Care .......................................................................................... 35
Second Opinions ........................................................................................................................ 35
If You Are Pregnant ...................................................................................................................... 36
Continuing Your Medical Care ..................................................................................................... 36
If Your Primary Care Provider (PCP) Leaves Our Network ..................................................... 37
Managing Your Health .................................................................................................................. 37
Care Coordination ....................................................................................................................... 37
Disease Management ................................................................................................................... 41
Member ID Cards .......................................................................................................................... 42
Other Insurance and Medicare ..................................................................................................... 42
Dual Eligibility ............................................................................................................................... 42
Copayments (Copays) for Services ............................................................................................ 43
Claims for Healthcare Services ..................................................................................................... 45
Covered Benefits ............................................................................................................................ 46
Prior Authorization and Utilization Management ....................................................................... 46
How to Contact Us With Questions About Prior Authorization ............................................... 47
Covered Benefits ............................................................................................................................ 48
Behavioral Health ........................................................................................................................ 48
When to Seek Behavioral Healthcare .......................................................................................... 49
No Referral Needed ...................................................................................................................... 50
Behavioral Health Emergencies .................................................................................................... 50
Managing Your Overall Wellness ................................................................................................. 51
Eight Areas of Wellness ............................................................................................................... 52
Recovery and Wellness ................................................................................................................ 52
Support Services .......................................................................................................................... 53
Applied Behavior Analysis (ABA) ............................................................................................... 54
Long-Term Care Services and Supports .................................................................................... 55
Self-Directed Community Benefit (SDCB) Long-term Care Services and Supports .............. 56
Dental Services ............................................................................................................................. 57
Preventive Dental Services....................................................................................... 58
Other Covered Dental Services (with limitations)............................................... 58
Emergency Services ............................................................................................. 59
Is it an emergency? How to decide ........................................................................ 61
Follow-up Care After an Emergency ................................................................. 62
Emergency Care Outside of the Presbyterian Network......................................... 62
Urgent Care ........................................................................................................... 63
Family Planning Services ..................................................................................... 64
PresRN Nurse Advice Line 1-888-730-2300 or locally at 1-505-923-5677 .......... 65
What is PresRN? .................................................................................................. 65
Why Call PresRN? ............................................................................................... 65
Video Visits ........................................................................................................ 66
Pharmacy (Prescription Drugs) ............................................................................. 66
Getting Your Prescription Filled ......................................................................... 66
Prescription Drugs and Your Safety ..................................................................... 68
Provider/Pharmacy Lock-in .................................................................................. 68
Presbyterian Centennial Care Formulary .............................................................. 69
Reviewing the Formulary ..................................................................................... 70
If Your Medicine Is Not on the Formulary (drug list).......................................... 71
Important Things to Remember About Prescription Drugs............................... 72
Care for Pregnant Members ................................................................................. 73
Prenatal Care (care during pregnancy, before the birth of your baby) ................. 73
Important Reminders During and After Your Pregnancy ................................... 74
Pregnancy Termination (abortion) ..................................................................... 74
Birthing Options ................................................................................................ 75
Health Guidelines for Pregnant Women ............................................................... 75
Transportation Benefits ...................................................................................... 76
Emergency Transportation .................................................................................. 77
Same-day Transportation .................................................................................... 77
How to Get Transportation ................................................................................ 78
Information you will need when reserving a ride ................................................ 78
Qualified Attendants .......................................................................................... 79
Transportation to Another City for Healthcare .................................................................................. 79
Door-to-door Transportation ........................................................................................................... 80
Canceled or Changed Appointments .............................................................................................. 81
Missed Transportation Appointments .............................................................................................. 81
Individuals Needing Special Assistance ......................................................................................... 81
Transporting Children ..................................................................................................................... 82
Education Classes ............................................................................................................................ 82
Other Transportation Options .......................................................................................................... 82
Food and Drink .................................................................................................................................. 83
Meals and Lodging ............................................................................................................................ 84
Reimbursement for Meals, Lodging and Transportation ................................................................. 85
Out-of-state Transportation, Meals, and Lodging ......................................................................... 85
Air and Ground Ambulance, In-state and Out-of-state .................................................................. 85
Vision Services ................................................................................................................................... 86
Routine and Medically Necessary Eye Exams ................................................................................... 86
Eyeglasses .......................................................................................................................................... 86
Contact Lenses .................................................................................................................................. 87
Eye Prosthesis (artificial eye) ............................................................................................................ 88
New Medical Treatments .................................................................................................................. 88
Women’s Health and Cancer Rights .............................................................................................. 88
Value-Added Services ....................................................................................................................... 89

**Your Rights and Responsibilities** .................................................................................................. 91

- Member Rights and Responsibilities ............................................................................................. 91
- Ombudsman Program ....................................................................................................................... 95
- Abuse, Neglect and Exploitation ..................................................................................................... 96
- Grievances and Appeals .................................................................................................................. 97
- The Grievance Process .................................................................................................................... 97
- The Appeals Process ....................................................................................................................... 98
- Quick Decisions on Appeals ............................................................................................................ 101
- Fair Hearing Process ...................................................................................................................... 101
- Fraud and Abuse ............................................................................................................................. 102
- Examples of Suspicious Provider Activity You Should Report: .................................................. 102
Examples of Suspicious Member Activity You Should Report: ............................... 103
Reporting Critical Incidents ..................................................................................... 103
Who May Report? .................................................................................................. 104
Protecting Your Privacy ......................................................................................... 104
Protected Health Information (PHI) ....................................................................... 104
Use and Disclosure ................................................................................................. 105
Your Privacy Rights ................................................................................................. 105
Requesting Restrictions of Use and Disclosure ...................................................... 106
Requesting an Amendment (addition to) PHI ....................................................... 108
Requesting an Account of PHI Disclosures ................................................................ 108
Use of Consents and Authorizations ....................................................................... 108
Members Who Are Unable to Give Consent or Authorization ................................... 109
Keeping Information Private and Safe ..................................................................... 109
Information Collected by Our Website, www.phs.org .............................................. 110
Disclosure to Government Agencies and Other Organizations ............................. 111
Use of Measurement Data ....................................................................................... 111
Questions About Our Privacy Practices .................................................................... 111
Advance Directives and Decisions (choices) About Your Healthcare ...................... 111

Other Important Information ................................................................................... 114
Consumer Advisory Board ..................................................................................... 114
How to Switch to Another Managed Care Organization (MCO) .............................. 115
How to Disenroll From Presbyterian Centennial Care ............................................. 116

Health Information and Screenings ......................................................................... 118
Preventive Services ................................................................................................. 118
Keeping Children Healthy ....................................................................................... 118
Immunizations (shots) for Your Children ................................................................. 119
Keeping Yourself Healthy ....................................................................................... 119
Well-child and Well-care Visits ............................................................................... 120
Preventive Healthcare Guidelines ........................................................................... 120
Pneumonia vaccine(s): Discuss options with your PCP ......................................... 125
### Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Benefits</td>
<td>132</td>
</tr>
<tr>
<td>Appendix B - Non-Covered Benefits</td>
<td>183</td>
</tr>
<tr>
<td>Appendix C - Acronyms</td>
<td>189</td>
</tr>
<tr>
<td>Appendix D - Telephone Numbers and Websites</td>
<td>192</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Services Available through myPRES ................................................................. 7
Presbyterian Customer Service Center Telephone Numbers ................................ 9
The Presbyterian Customer Service Center Can Help You: ............................. 9
Centennial Reward Activities .............................................................................. 26
ABP Services with Copays .................................................................................. 44
Options Before the Emergency Room ............................................................... 60
Health Guidelines for Pregnant Women ............................................................. 76
Health Education and Development Counseling ................................................. 122
Age-appropriate health education and development counseling should encompass some of the following .......................................................................................................................... 122
Health Education and Development Counseling ................................................. 123
Age-appropriate health education and development counseling should encompass some of the following .......................................................................................................................... 123
Exam and Screening Schedule for Adults Age 21 and Older (2017-2018) .......... 124
Exam and Screening Schedule for Adults Age 21 and Older (2017-2018) .......... 125
Health Education and Development Counseling ................................................. 126
Age-appropriate health education and development counseling should encompass some of the following: ................................................................. 126
LIST OF FIGURES

Figure 1. myPRES Registration .................................................................................................................. 7
Figure 2. myPRES Member Registration ................................................................................................. 8
Figure 3. Eight Areas of Wellness ...................................................................................................... 54
Who We Are

What Is Presbyterian Centennial Care?

Presbyterian Centennial Care is a Managed Care Organization (MCO). Sometimes MCOs are also called HMOs. HMO stands for Health Maintenance Organization. Presbyterian Centennial Care has a contract with the State of New Mexico Human Services Department.

Being an MCO means that we are a health insurance company whose most important job is to keep you well. We help coordinate all of your healthcare benefits. This includes your behavioral health and long-term care services and supports.

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

- If you have an emergency (see page 59), please go to the nearest emergency center.

- If the providers in our network cannot give you medically necessary (needed) care, we will help you find an out-of-network provider. This will not cost you anything extra.
• Native American members may self-refer to Indian Health Service providers, Tribal health providers, or Urban Indian providers (I/T/Us) for services.

• Family planning benefits.

• Some transition-of-care services.

• Federally Qualified Health Centers (FQHCs).

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

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

How Presbyterian Centennial Care Works

New Member Welcome Call and Health Assessment

After we get your enrollment information, we will call you to complete a health assessment (HA). The HA is a short health survey that helps us learn how we can best meet your healthcare needs. Care coordinators, community health workers, community health representatives or peer support specialists are some of the people who can help you with your HA. We do not use information in the HA to limit your healthcare.

You will receive a call from us to take your HA. If we can’t reach you by phone, we will mail you a letter. The letter will tell you about care coordination services and how to contact a care coordinator for more information. You can also complete your HA using your myPRES account online at www.phs.org/mypres.
If you need help or have questions about the HA, please call the Presbyterian Customer Service Center (📞) or the Health Assessment line at (505) 923-7314 or 1-855-451-7737.

Member Eligibility

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

- Adoption
- Divorce
- Birth
- Guardianship
- Death
- Marriage

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

Alternative Benefit Plan

There are two Alternative Benefit Plan (ABP) categories:

1. **Alternative Benefit Plan.** This category provides coverage under Centennial Care for basic medical and behavioral (mental) health services. The services are outlined in the list of ABP Covered Services attached.

   **Alternative Benefit Plan (ABP) Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT) services** are covered for ABP members under 21 years old.

   Please see Appendix A Covered Benefits on page 134 for ABP Limitations. The benefit limitations listed for ABP members do not apply to ABP (EPSDT) members under 21 years old.

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

You might be ABP Exempt if you:

- Are medically frail. This means you have a disability or chronic illness.
- Get medical assistance for being blind or disabled.
- Are terminally ill and are receiving hospice care.
- Are pregnant.

You must tell us if you think you are ABP Exempt. You can do this by calling your care coordinator or our Presbyterian Customer Service Center. Presbyterian may also find that you are ABP exempt after completing your health assessment (HA) or comprehensive needs assessment (CNA). We will talk with you about this and you will have the option to choose ABP or ABP Exempt benefits.

**Alternative Benefit Plan Benefit Year**

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

If you have questions about your coverage periods, call the Income Support Division (ISD) office. You can find the location of the nearest ISD office by calling the New Mexico Human Services Income Support Division offices at toll-free at 1-800-283-4465, or by going to the locator map at: [http://www.hsd.state.nm.us/Contact_Us.aspx](http://www.hsd.state.nm.us/Contact_Us.aspx) Click on your county to bring up a list of office locations near you.

**Let Us Know if You Move**

If you move, you should give your new address to the Income Support Division (ISD) office. You can find the location of the nearest ISD office.
by calling the New Mexico Human Services Income Support Division offices at toll-free at 1-800-283-4465, or by going to the locator map at http://www.hsd.state.nm.us/Contact_Us.aspx Click on your county to bring up a list of office locations near you.

You should also call the Presbyterian Customer Service Center (☎) with your new address and phone number. This allows us to keep in touch with you and mail you important information. We want to make sure that you receive the information you need to get the most out of your health plan.

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

Member Incentives

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

- Getting preventive care
- Taking part in wellness programs

If you have questions, please contact our Population Health Management team. You can leave a message any time. Calls will be returned Monday through Friday, between 8 a.m. and 5 p.m. (☎) or through email at PopulationHlthMgt@phs.org

Member Rewards

As a member of Centennial Care you can earn Centennial Rewards. These are reward points that you earn for making healthy choices about your health and care.

How to redeem your reward points
Visit [www.centennialrewards.com](https://www.centennialrewards.com) to choose from health, wellness and fitness items or a reloadable spending card. The reloadable spending card can be used at Family Dollar and Dollar General to buy pre-approved items. You may have new points added to the reloadable spending card as you earn them.

You may also call 1-877-806-8964 to have a Centennial Rewards Catalog mailed to you.

**Start tracking and spending your points**

You will be notified when you earn your first points. Go online or call the toll-free number to register for your account to track and spend your points.

To learn more and register for an account, go to [www.centennialrewards.com](https://www.centennialrewards.com) or call 1-877-806-8964.
The table below lists the healthy activities you can complete to earn rewards.

<table>
<thead>
<tr>
<th>Healthy Activity</th>
<th>Reward Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma Controller Medication Compliance children</td>
<td>$5 per refill ($60 annual max)</td>
</tr>
<tr>
<td>Complete the Step-Up walking program</td>
<td>$25 for completing the 21 day challenge, $25 for completing the three month challenge, Both challenges can be done one time each year</td>
</tr>
<tr>
<td>Diabetes – 3 annual recommended tests (A1C, eye exam, nephropathy exam)</td>
<td>$20 for each test ($80 annual max)</td>
</tr>
<tr>
<td>Prenatal Program (earned when signing up for Presbyterian Baby Benefits Program)</td>
<td>$100 per pregnancy</td>
</tr>
<tr>
<td>Treatment Compliance Schizophrenia – children and adults</td>
<td>$5 for per refill ($60 annual max)</td>
</tr>
<tr>
<td>Treatment Compliance Bipolar Disorder –children and adults</td>
<td>$5 for per refill ($60 annual max)</td>
</tr>
<tr>
<td>Osteoporosis Management- Bone Density Testing females 65+</td>
<td>$35 per test, max of once per life time</td>
</tr>
<tr>
<td>Annual Dental Visit adults</td>
<td>$25 per visit, max of one per year</td>
</tr>
<tr>
<td>Annual Dental Visit children</td>
<td>$35 per visit, max of one per year</td>
</tr>
</tbody>
</table>

Note: Points are for qualifying catalogue purchases or store use only. The “$” symbol is for convenience only. Points have no cash or monetary value and can never be exchanged or redeemed for cash. They may not be combined with other incentive programs offered by Centennial Care MCOs.
Presbyterian Centennial Care Baby Benefits

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

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

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

Presbyterian Performance Improvement
Phone: (505) 923-5017
Toll-free: 1-866-634-2617
TTY: 711
Email: Performanceimp@phs.org

Your Primary Care Provider (PCP)

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

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

**Choosing Your PCP**

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

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

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

If you want more information before choosing a PCP, call the Presbyterian Customer Service Center (☎️). They can tell you:

- What specialty the PCP practices
- What languages the PCP speaks
- If the PCP is accepting new patients

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**Call Presbyterian Customer Service Center**

**Monday-Friday, 8 am to 6 pm**

- In Albuquerque (English and Spanish): (505) 923-5200
- Outside of Albuquerque (English and Spanish): 1-888-977-2333
- Navajo/Diné in Albuquerque: (505) 923-5157
- Navajo/Diné outside Albuquerque: 1-888-806-8793
- TTY: 711
• The PCP’s board-certification status

• Where a PCP went to medical school

Choosing a Specialist as a PCP

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

A PCP Close to Home

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

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

• If you live in Bernalillo, Doña Ana, Los Alamos, and Santa Fe counties, your PCP should be within 30 miles.

• If you live in Chaves, Curry, Eddy, Grant, Lea, Luna, McKinley, Otero, Roosevelt, Sandoval, San Juan, Taos, and Valencia counties, your PCP should be within 45 miles.

• If you live in Catron, Cibola, Colfax, DeBaca, Guadalupe, Harding, Hidalgo, Lincoln, Mora, Quay, Rio Arriba, San Miguel, Sierra, Socorro, Torrance, and Union counties, your PCP should be within 60 miles.

Please call the Presbyterian Customer Service Center (📞) if you have questions or need help finding a PCP.
Choosing a University of New Mexico Health Sciences Center (UNMHSC) Primary Care Provider (PCP)

Some members may be able to choose a UNMHSC provider as their PCP. To find out if you are able to select a UNMHSC PCP, please call the Presbyterian Customer Service Center.

If You Need to Contact Your PCP After Hours

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

You can also use a Video Visit anytime, anywhere in New Mexico. Video Visits are available 24 hours a day, seven days a week (even holidays). See page 66 for more information.

How to Change Your PCP

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

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

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

- Call the Presbyterian Customer Service Center (📞) to request a printed copy
- Email your request to info@phs.org
- Visit www.phs.org/centennialcare to see the directory online

When you change your PCP, you will get a new member ID card in the mail within 20 working days.

**Patient Centered Medical Home**

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

**Making Appointments with Your Primary Care Provider (PCP)**

You will need to call your PCP’s office to make an appointment before he or she can see you. This will give your PCP a chance to spend as much time with you as needed. If you show up without an appointment, your PCP may not be able to see you right away.
If you have a life-threatening medical emergency, call 911. You also can call the emergency number in your area. (It is very important that you read the Emergency Services section on page 60 of this handbook.)

Some examples of emergencies are:

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

Tips to help you get the care you need

- For routine care, you can schedule most appointments within three weeks of your call.
- PCP offices open at different times because they set their own hours.
- When you call, always tell the office staff that you are a Presbyterian Centennial Care member. Also say why you need an appointment.
- If you need urgent care, your PCP may want to see you within 24 hours. Your PCP may send you to an urgent care center if he or she can’t see you that day.
- If you are sick and not sure if you need to see your PCP, call our PresRN nurse advice line. The number is 1-888-730-2300 toll-free. You can call 24 hours a day, seven days a week. The nurse can help you decide if you need to see your PCP or go to an urgent care center or emergency room.
- You can also use a Video Visit anytime, anywhere in New Mexico 24 hours a day, seven days a week (even holidays). See page 66 for more information.
Canceling or Changing an Appointment

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

Specialists and Referrals

There are many kinds of providers:

- Primary care provider (PCP)
- Obstetricians and gynecologists (OB/GYNs)
- Specialty providers
- Pharmacy (drug store)
- Hospital
- Emergency room/urgent care center
- Dentist
- Vision provider
- Transportation provider (rides to appointments)
- Long-term care providers
- Behavioral health providers

We are always adding providers to our network. If you want to see a provider who is not on our list, please call the Presbyterian Customer Service Center (📞). They will tell you if the provider has recently been added to the list.

Your PCP provides or arranges for most of the healthcare services that are covered by Presbyterian Centennial Care. Your PCP will help you get the care you need. He or she also will refer you to another provider if you need to see a specialist.
A specialist is a doctor who has had extra training to treat certain health problems. If you think you need to see a specialist, talk to your PCP. The PCP will fill out the paperwork so you can go to the specialist. Your PCP will either:

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

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

A referral is when your PCP sends you to see a specialist. Native American members may self-refer to Indian Health Service providers, Tribal health providers, or Urban Indian providers (I/T/Us) for services. They do not need a referral.

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

You do not need a referral for:

- Behavioral health
- Emergency care/ Urgent Care
- Family planning
- Routine dental care
- Routine vision care
- Routine visits to a gynecologist (GYN)
- Routine visits to an obstetrician (OB)
Specialists who are in our network are listed in the provider directory. If you need information on a specialist or have questions about referrals, call the Presbyterian Customer Service Center (📞). You may also email your questions to info@phs.org.

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

**Seeing an OB/GYN for Routine Care**

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

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

**Second Opinions**

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

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

If You Are Pregnant

- If you are pregnant on the date you become a Presbyterian Centennial Care member, please let the Presbyterian Customer Service Center (📞 📞) know as soon as possible.

- If you are in your first or second trimester of pregnancy, in most cases you will be able to continue your care with your PCP or obstetrician for at least 30 days.

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

Continuing Your Medical Care

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

- Care coordination
- Home health services
- Medical equipment
- Pregnancy care
- Surgery that has already been scheduled
- Long-term care services and supports
- Diabetes care
- Behavioral health services
- Radiation
- Chemotherapy
- Dialysis
- Ventilator care
- Pain control
- Out-of-area care that has already been scheduled
Also let us know if you:

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

If Your Primary Care Provider (PCP) Leaves Our Network

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

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

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

Managing Your Health

Care Coordination

Care coordination is how Presbyterian coordinates your healthcare needs, whether you are in the hospital or at home. This is for members with chronic long-term, complex, or behavioral health needs. The level of care coordination you receive depends on your needs.

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

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

**Who might need care coordination?**

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

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

Members with complex healthcare needs include those who:

- Have ongoing physical, emotional, developmental, and/or behavioral health conditions.
- Need healthcare and related services that are different from the services needed by most members. This includes the need to see a primary care provider more often, take many different medicines, see many specialists, or use therapies more often.
- Need extra help with things like walking, bathing, dressing, and eating.
- Are eligible for Supplement Security Income (SSI)
- Are in home and community-based programs.
- Receive foster care or adoption assistance support.
- Are in foster care or out-of-home placement.
• Have a clinical assessment that shows they have complex healthcare needs.

**Care coordinators**

Care coordinators will help you find services in your area. They also work with pharmacists to make sure that members are using the right medicine. Our care coordinators use medical, behavioral, social, and community resources to help members manage their own health. Community resources include the use of community health workers.

**Community health workers (CHWs)**

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

CHWs may also work for local healthcare systems in Tribal, urban, frontier, and rural areas. CHWs include, among others:

- Community health representatives
- Community health advisors
- Promotoras (health educator)
- Outreach educators
- Peer health promoters
- Peer health educators

**Getting started with care coordination**

To find out if you could benefit from additional assistance, you must first complete your health assessment (HA). If the result of your assessment shows a need for a higher level of care coordination, we will call you to set up an appointment with a care coordinator to
complete a comprehensive needs assessment (CNA) in your home. The CNA will determine the level of care coordination you need.

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

If you do need a higher level of care coordination, you will be assigned a care coordinator. Our care coordination staff will give you all the details you need to know about how the care coordination process works. They will share how you can benefit from participation, and give you care coordination contact information. At a minimum, a care coordinator will complete an in-home assessment for individuals in the following groups:

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

If you think that you or your child has had a change in healthcare needs that requires a higher level of care coordination, you can call a care coordinator. Care coordinators can be reached Monday through Friday, from 8 a.m. to 5 p.m. at (505) 923-8858 or toll-free at...
1-866-672-1242 to help you. If you already have a care coordinator, you may call him or her directly or using the number above.

**Disease Management**

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

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

You and your health coach will talk about:

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

Health coaches are available by phone. Spanish-speaking health coaches are available. If you’d like to get started, please call us at 1-800-841-9705 and leave a message. You can also call our intake line Monday through Friday, from 8 a.m. to 5pm at (505) 923-8858 or toll-free at 1-866-672-1242.

Participation in this program is voluntary. If you ever want to stop the program, just call a Presbyterian health coach and let them know.
Chapter 1 Who We Are

Member ID Cards

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

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

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

Other Insurance and Medicare

Make sure to tell the Presbyterian Customer Service Center and any providers you see for care if you or your family has other medical insurance or Medicare. This helps Presbyterian and your primary care provider (PCP) know who should pay your medical bills. We need this information for billing, but it will not change the services that you can get.

Dual Eligibility

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

Your enrollment with Presbyterian Centennial Care will not change your Medicare benefits. Presbyterian will work with your Medicare primary care provider (PCP) to coordinate benefits for:

- Primary care
- Acute care
- Pharmacy (drug store)
- Behavioral health
- Long-term care services and supports

This coordination will be easiest if you have a Presbyterian Medicare Advantage plan. If you have questions about our Presbyterian Medicare Advantage plan for members who are dual-eligible, call the Presbyterian Customer Service Center.

### Copayments (Copays) for Services

Some members have to share in the cost for their healthcare services. This is called cost-sharing, or paying copay. **If you are a Native American member, you do not have to pay copays for any services.**

More about copays:

- Members in a nursing facility may have to pay copays.
- If you choose to use a brand-name drug when a generic can be used, you may have to pay a copay.
- You also may have to make copays if you go to an emergency room when you do not have an emergency.
- There are no copays for certain drugs used to treat behavioral health conditions.

Members who receive services under Working Disabled Individual (WDI) and Children’s Health Insurance Program (CHIP) categories have some copays.

Those amounts are listed below:
### Standard Centennial Care Copays

<table>
<thead>
<tr>
<th>Service</th>
<th>Centennial Care Non-Native</th>
<th>WDI Copay</th>
<th>CHIP Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Practitioner Services (physician, dentist, behavioral health, physical therapy, occupational therapy, speech therapy and other practitioners)</td>
<td>No Copay</td>
<td>$7</td>
<td>$5</td>
</tr>
<tr>
<td>Urgent care visit</td>
<td>No Copay</td>
<td>$7</td>
<td>$5</td>
</tr>
<tr>
<td>Inpatient hospital admission</td>
<td>No Copay</td>
<td>$30 per admission</td>
<td>$25 per admission</td>
</tr>
<tr>
<td>Pharmacy (drug store) Copayment</td>
<td>No Copay</td>
<td>$3 per item</td>
<td>$2 per item</td>
</tr>
<tr>
<td>Brand-name drug when a generic version is available</td>
<td>$3 per drug item</td>
<td>$3 per drug item</td>
<td>$3 per drug item</td>
</tr>
<tr>
<td>Non-emergent use of the ER</td>
<td>$8</td>
<td>$8</td>
<td>$8</td>
</tr>
</tbody>
</table>

Presbyterian can tell you what copays you may have. We can help you cut down on copays for emergency room services and brand-name drugs. The Presbyterian Customer Service Center (📞) is here to help.
Claims for Healthcare Services

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

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

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

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

Prior Authorization and Utilization Management

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

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

Presbyterian does not reward or pay healthcare providers for not providing services or for not referring you for care. Your providers and Presbyterian staff members consider these factors when making decisions about your care:
How to Contact Us With Questions About Prior Authorization

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>English and Spanish</td>
<td>Inside Albuquerque: (505) 923-5200 Outside Albuquerque: 1-888-977-2333 (toll-free)</td>
</tr>
<tr>
<td>Navajo/Diné</td>
<td>Inside Albuquerque: (505) 923-5157 Outside Albuquerque: 1-888-806-8793 (toll-free)</td>
</tr>
<tr>
<td>Deaf or hard of hearing</td>
<td>TTY: 711</td>
</tr>
</tbody>
</table>
Covered Benefits

Presbyterian Centennial Care provides a full range of covered benefits and services. These include physical, behavioral, and long-term care services and supports. Long-term care services and supports are not covered for ABP members; however, they may be covered for ABP Exempt members. Certain covered benefits and medications may require prior authorization. Some benefits are covered only for members that meet the long term care criteria.

Some benefits may be limited by the Medicaid program guidelines. The New Mexico Medical Assistance Division can add or delete benefits at any time. Any covered service you get must be medically necessary (needed).

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

Covered benefits are listed below. There is also a list of covered benefits under Appendix A and B. Non-covered benefits are listed under Appendix C.

Behavioral Health

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

There are three ways you can get behavioral healthcare:

1. Call your behavioral health provider.

2. Call your primary care provider (PCP). He or she will help you get the care you need.

3. Call the Presbyterian Customer Service Center (☎️). We can help you find an in-network provider to complete your assessment and treat you.

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

**When to Seek Behavioral Healthcare**

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

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

No Referral Needed

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

Behavioral Health Emergencies

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

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

Behavioral health services covered by Presbyterian Centennial Care include:

• Accredited and non-accredited residential treatment center (ARTC and RTC) and group home services
• Applied behavior analysis (ABA)
• Assertive community treatment (ACT)
• Behavior management skills (BMS) services
• Comprehensive community support services (CCSS)
• Day treatment services
• Family support services
• Treatment foster care (TFC)
• Inpatient hospitalization (including detoxification)
• Intensive outpatient program (IOP) services
• Medication assisted treatment for alcohol dependence and opioid dependence
• Multi-systemic therapy (MST)
• Outpatient services
• Partial hospitalization
• Psychosocial rehabilitation program (adults)
• Recovery services
• Respite
• School-based services
• Suboxone treatment
• Telehealth

Some services need prior authorization. See Appendix A.

Managing Your Overall Wellness

Wellness is a process of making choices that lead to good physical and behavioral health. Good physical and behavioral health are connected. If you have a chronic health problem – for example, diabetes or depression – it can affect your overall wellness. Presbyterian Centennial Care offers support and resources. These resources can help you learn how to develop your own wellness plan.

One of these resources is the Eight Areas of Wellness (Figure 3). Think of this as a road map to the many parts of your life that
contribute to wellness. Do you have a good support system? Do you have chronic health conditions that need attention? Is your environment a healthy one? Think about these examples as you look at the Eight Areas of Wellness in your life. Think about how you might improve your own areas.

### Eight Areas of Wellness

![Diagram of the Eight Areas of Wellness](image)

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

**Figure 3. Eight Areas of Wellness**

### Recovery and Wellness

Recovery is a process of change. Through this change, people can improve their health and wellness. Recovery allows a person to live an independent life. It allows a person to reach his or her full potential. The ability to recover from an illness, change, or misfortune is called resiliency. This ability is an important part of overall wellness. It helps a
person rebound from change and stress and go on with confidence and hope.

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

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

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

Support Services

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

Self-help is a valuable part of recovery. It allows people to become more resilient and achieve wellness. Self-help can have a good effect
on a person’s behavioral and physical health. To find out more about self-help opportunities like peer support or CWRCs in your area, call the Presbyterian Customer Service Center (📞). These services are available locally, often at low or no cost to you. These services are not part of your Centennial Care benefits.

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

**Applied Behavior Analysis (ABA)**

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

Presbyterian Centennial Care covers ABA services for children and youth from 12 months to 21 years of age when medically necessary and for a diagnosis of ASD, or those at risk for ASD.

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

Presbyterian Centennial Care includes long-term care services and supports that may be provided in your home, a residential setting, or in an institution such as a nursing facility. To receive long-term care services and supports, you must meet certain criteria. These services must be **medically necessary** (needed) before you can get them. If you meet the criteria, you may be eligible to receive Community Benefit and/or nursing facility services. **Long-term care services and supports are not covered for members enrolled under the Alternative Benefit Plan (ABP). Long-term care services and supports may be covered for members enrolled in the ABP Exempt plan.** Please call the Presbyterian Customer Service Center if you are an ABP member and have questions about your benefits. (📞)

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

You must get an in-home assessment by a care coordinator to get long-term care services and supports. The assessment will identify your needs and the services that will support you in the community. If you meet the criteria, you will receive approval for one (1) year. You will need to be re-assessed every year. For more information on eligibility for long-term care services and supports or Community Benefit services, or how to access these services, call the Presbyterian Customer Service Center (📞).
Agency-Based Community Benefit (ABCB) long-term care services and supports covered by Presbyterian Centennial Care include:

- Adult day health.
- Assisted living.
- Behavior support consultations.
- Community transition services.
- Emergency response.
- Employment support.
- Home health aide (adults).
- Personal care services (you can choose your caregiver).
- Private duty nursing (adults).
- Respite services.
- Skilled maintenance therapy services (adults).
- Environmental modifications (changes to your home) required to improve accessibility and safety in the home. Environmental modifications must be determined to be medically necessary (needed) and must meet certain criteria. Your care coordinator will help you with the process if it is decided that you meet criteria for an environmental modification.

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

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

- Behavior support consultation
- Emergency response
- Employment supports
- Environmental modifications (home)
- Home health aide (adults)
- Private duty nursing for adults
- Respite
- Skilled maintenance therapy (adults)
- Homemaker
- Nutritional counseling
- Customized community supports
- Related goods
- Specialized therapies
- Transportation (non-medical) (adults)

**Dental Services**

Presbyterian Centennial Care helps you take care of your teeth and gums. Make an appointment soon for routine dental exams. Starting routine dental exams now will mean better lifelong dental health for you and your children.

**What’s Covered?**

We cover some dental services for members of all ages. **ABP members**, ages 19-20 may receive covered dental services as part of Early and Periodic Screening, Diagnostic and Treatment Program
(EPSDT). The benefit limitations listed for ABP members do not apply to members under 21.

- You must choose a dentist from the Dental Care Providers section of the Presbyterian Centennial Care Provider Directory.
- Call your dentist to make an appointment. Before making the appointment, find out if the services will be covered by Presbyterian Centennial Care.
- Some exams and services are limited.

**Preventive Dental Services**

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

- **Dental cleanings:** One cleaning every six months for children under age 21 and for members 21 years and older who have developmental disabilities. One cleaning every 12 months for members 21 years and older.
- **Molar sealants:** Service is covered only for children under age 21. Only one treatment per tooth every five years.
- **Dental Varnish:** up to six applications of fluoride varnish provided only by a Presbyterian Centennial Care primary care provider (PCP). This benefit covers up to six applications for children between six months and three years of age. This is a value-added service.

**Other Covered Dental Services (with limitations)**

The services below are also covered, but have limitations. Some services also need prior authorization. Your Presbyterian Centennial Care dental care provider will be able to tell you if services will be covered by Presbyterian Centennial Care. Covered services include:
- X-rays
- Emergency services
- Replacing teeth
- Oral surgery
- Extractions
- Diagnostic services such as exams, including in an emergency
- Treating the nerves and blood vessels inside the tooth, such as a root canal
- Using braces or other procedures to correct and straighten teeth (if you meet the guidelines)

## Emergency Services

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

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

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

Some examples of emergencies are:

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

The emergency room 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 to go to an emergency facility only for true emergencies.**

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

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

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

You can also use Video Visits anytime, anywhere in New Mexico. Video Visits are available 24 hours a day, seven days a week (even holidays). See page 66 for more information.

**Is it an emergency? How to decide**

You have an emergency if you:

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

**More about emergency care**

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

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

**However, if the emergency provider determines your illness is not serious or life-threatening and you get treated in the emergency**
room anyway, you may be billed for a copayment (copay). You may also have to wait a long time to be seen.

**Follow-up Care After an Emergency**

After a visit to emergency room, you may need follow-up care. This is called *post-stabilization care*. It will either keep your health steady or help improve or resolve your health problem. You may get post-stabilization care in a hospital or other facility. Presbyterian Centennial Care covers this care.

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

**Emergency Care Outside of the Presbyterian Network**

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

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

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

**More about out-of-area care**

- If you are out-of-area and have a life-threatening emergency, go to the nearest emergency service provider. Be sure to show them your Presbyterian Centennial Care member ID card.
- If you are out-of-area and the care you need is **not** for something life-threatening, call our PresRN nurse advice line. The number is 1-888-730-2300 toll-free. The nurse will help you decide what steps to take to get care.
Healthcare services you get outside of the United States are not covered.

**Urgent Care**

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

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

You can schedule same-day urgent care appointments online at [www.phs.org](http://www.phs.org):

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

Do not use online scheduling if you have a medical emergency or need immediate care. Go to the closest emergency department or call 911.
you are unable to make the appointment, or need to reschedule, please call the number on your appointment reminder email.

Family Planning Services

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

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

Family planning services covered by Presbyterian Centennial Care include:

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

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

PresRN Nurse Advice Line 1-888-730-2300 or locally at 1-505-923-5677

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

What is PresRN?

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

Why Call PresRN?

Our nurses review your symptoms using nationally recognized standards and give you the information you need to take care of yourself and your family. Whether your situation requires a trip to the emergency room or self-care at home, you will know what to do.

As part of your Presbyterian Centennial care team, we let your doctor, care coordinator and health coach know of your health concern so that you will have continued care and follow up. Most importantly – we are here when you need answers!
Video Visits

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

You can use Video Visits anytime, anywhere in New Mexico, including nights, weekends, and even holidays. You might use Video Visits when:

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

All you need is a computer, laptop or smartphone with a webcam and high-speed internet. You must also register for myPRES. This service is free.

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

Pharmacy (Prescription Drugs)

Getting Your Prescription Filled

When your primary care provider (PCP) or other provider gives you a prescription for medicine (drugs), you will need to get your medicine at one of the pharmacies listed in the Presbyterian Centennial Care Provider Directory. We want to let you know that these are the only pharmacies where you can get your covered medicines.

The Centennial Care pharmacy network is made up of contracted pharmacies in the state of New Mexico and bordering counties.
You can only use an out-of-network pharmacy (drug store) when Presbyterian Centennial Care approves a request from your provider.

**How to find a pharmacy**

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

Please remember that you may have to pay a greater copayment if you ask for a brand-name drug when a generic one can be used.

Copayments (copays) do not apply to Native American Centennial Care members. Copays also do not apply to medicines used to treat behavioral health conditions.

**For all new prescriptions:**

- Presbyterian Centennial Care will give you up to a 90-day supply of your medicine depending on how your provider writes the prescription.
- Schedule II controlled substance medications are limited to a maximum of 34-day dispensing or formulary restrictions.
- Specialty medications are limited to a maximum 30-day supply.

**Mail-order program:**

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

- To use the mail-order program, call the Presbyterian Customer Service Center (☎️ ☪️). We will help you fill out a mail-order form. We can also tell you which local pharmacies offer a 90-
day supply. Keep in mind that at some New Mexico pharmacies, a 90-day supply may not be available to you. Please call the Presbyterian Customer Service Center if you have questions. We are here to help.

**Prescription Drugs and Your Safety**

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

- Play an active role in your healthcare. If your illness makes this hard, get help from someone you trust.
- Always carry a list of all the medicine that you are taking. This includes prescription and over-the-counter drugs and any vitamins or supplements. Take this list to every visit you have with your providers.
- When your provider writes a prescription, make sure you can read and understand (know) it before you leave. When you go to the pharmacy, make sure you get the right drug and the right dose.
- If you have to measure your own medicine, ask your pharmacist to show you how to do so.
- Ask if you have any other questions about your medicine. Don’t guess.
- Store your medication in a safe place out of the reach of children.
- Medications are prescribed for your use only, so don’t share them.

**Provider/Pharmacy Lock-in**

Some Presbyterian Centennial Care Plan members will be assigned a primary care provider (PCP) and/or a pharmacy lock-in. These members must:
1. See their PCP to obtain necessary prescriptions
2. Only fill prescriptions at a single pharmacy location for at least one year

This is based on prior medication use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information. Members of this program will receive a letter with the name of the pharmacy they are required to use. If you have any questions about this program, please call the Presbyterian Customer Service Center.

Presbyterian Centennial Care Formulary

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

Our formulary is “selectively closed.” This means that Presbyterian Centennial Care usually only covers the drugs on the list. The formulary includes notes and limits to your coverage. For example, notes might let you know that a drug needs “prior authorization,” which means Presbyterian Centennial Care must approve the drug before you get it. You may also need to try certain drugs to treat a health problem before a different drug will be covered for the same health problem.

The prior authorization process is regularly reviewed and updated. This includes based on factors including evidence-based practice guidelines, medical trends, provider participation, state and federal regulations, and our policies and procedures.

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

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

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

Generic drugs

Most of the drugs on the Presbyterian Centennial Care drug list are generic. This means they are made the same way as brand-name drugs and have the same effect. Most generic drugs cost less. Presbyterian Centennial Care covers the first-line generic drug in each therapeutic class. Some formulary drugs need prior authorization. This means your provider will have to ask for permission before you can get the drug. You may call the Presbyterian Customer Service Center ( ) to ask for a prior authorization or to check if your prior authorization is approved.

Reviewing the Formulary

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

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

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

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

We want you to have the right prescription drugs to improve your health, even if these prescription drugs are not on our drug list. You may need a drug that is not on the drug list. Or you may need a drug that is not approved to treat your condition. In these cases, you can call the Presbyterian Customer Service Center (ellular) to request an exception. Or your provider can send a request to Presbyterian Centennial Care for an exception. We will look at your request and give authorization if we decide that the non-formulary drug is medically necessary (needed). We usually give approval for two reasons:

- Your provider finds that a similar drug on our list is not as effective in improving your health.
- Your provider finds that a similar drug on our list could be harmful to your health.
To avoid problems filling your prescriptions, always ask your provider to check our formulary (drug list).

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

Without Presbyterian Centennial Care approval, the pharmacy will not be able to fill your prescription.

Important Things to Remember About Prescription Drugs

- You may have to pay a copayment (copay) if you ask for a brand-name drug when a generic could be used. This does not apply to certain medications used to treat certain behavioral health conditions.
- With prior approval, you may get a one-time vacation refill up to a 30-day supply of each medication per calendar year.
- A member is allowed one out of network fill per medication per calendar year.
- Copays do not apply to Native American Centennial Care members.
- If you have both Medicare and Centennial Care, you must bring both your Medicare ID card and your Presbyterian Centennial Care ID card with you to the pharmacy. **Centennial Care will not cover copays for Medicare Part D medications.**
• You may be responsible for the cost of a non-formulary drug if you get the drug without prior approval from Presbyterian Centennial Care.

• In some cases, you may need a non-formulary drug quickly. In an emergency, Presbyterian Centennial Care will respond to your provider’s request within 24 hours. You may use the appeals process (see page 97) if your request is denied.

If you have any questions about the formulary, Presbyterian Centennial Care pharmacy services, or prescription copays, please call the Presbyterian Customer Service Center (☎️). We are here to help.

### Care for Pregnant Members

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

• Help you get a care coordinator.

• Help you choose a primary obstetrician or certified nurse midwife for your pregnancy care (also called **prenatal care**).

• Tell you about our special programs for pregnant members.

• Help you choose a pediatrician for your baby and a primary care provider (PCP) for you after your checkup following the birth of your baby. **Visit your provider within 21 to 56 days after your baby is born.**

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

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

• Give you information about childbirth classes
• Let you know about good nutrition, vitamins and exercise

• Help you with family planning services (including Norplant, birth control pills, condoms, IUD, and tubal ligation) for the future

**Important Reminders During and After Your Pregnancy**

• **While you are pregnant**, be sure to tell your doctor the name of the pediatrician or family practice provider you want as your baby’s PCP.

• **When your baby is born**, the provider will complete a notification of birth and send it to the Human Services Department (HSD). You should follow up with your Income Support Division (ISD) case worker to make sure that the baby is enrolled with Presbyterian Centennial Care.

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

See page 31 for information about when you should see your PCP or primary care obstetrician when you are pregnant.

**Pregnancy Termination (abortion)**

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

• To save the life of the mother.

• The pregnancy is a result of rape or incest.

• To end an ectopic pregnancy.

• Other medical reasons determined and certified by your doctor.

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

You can choose to have your baby at home or in a birthing center by a certified nurse midwife or a midwife.

These services will be covered only if they are provided by providers who have an approved Provider Agreement with the Human Services Department/Medical Assistance Division (HSD/MAD).

If you choose to have your baby at home or in a licensed birthing center, call the Presbyterian Customer Service Center at (505) 923-5200 or toll-free: 1-888-977-2333, 7 a.m. to 8 p.m. Monday through Saturday.

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

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

Health Guidelines for Pregnant Women

- Visit a healthcare provider as soon as you think you might be pregnant.
- Your provider will tell you how often you need to see him or her after your first visit. Usually you will visit your provider every four weeks during your first and second trimesters. Then you will visit your provider every two weeks until your last month of
pregnancy. After that, you will visit every week until you deliver your baby.

- You will need to visit your provider again within 21 to 56 days after you deliver.

### Health Guidelines for Pregnant Women

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Screenings (Tests)</td>
<td>You can expect to have these screenings during your pregnancy: blood, urine, and other tests that will check the health of you and your baby.</td>
</tr>
<tr>
<td>Education and Counseling</td>
<td>Your provider should discuss the following with you during your pregnancy:</td>
</tr>
<tr>
<td></td>
<td>- Quitting smoking and the effects of secondhand smoke</td>
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<tr>
<td></td>
<td>- Alcohol or other drug use</td>
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<tr>
<td></td>
<td>- Nutrition, including getting enough calcium</td>
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<tr>
<td></td>
<td>- Taking a multivitamin with folic acid</td>
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<tr>
<td></td>
<td>- Breastfeeding</td>
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<td></td>
<td>- Using seatbelts in your car</td>
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<td></td>
<td>- Infant safety car seats</td>
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<tr>
<td></td>
<td>- Preventing sexually transmitted diseases</td>
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<tr>
<td></td>
<td>- Importance of postpartum visit (follow-up visit after baby is born)</td>
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<tr>
<td></td>
<td>- Birth control (at the postpartum visit)</td>
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<tr>
<td></td>
<td>- Exercise</td>
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<tr>
<td>Immunizations (shots)</td>
<td>- Ask your PCP if you should get a flu shot</td>
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<tr>
<td></td>
<td>- Ask if you need to be immunized for rubella after delivery.</td>
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<tr>
<td></td>
<td>- Ask if you need a Diphtheria Tetanus booster (whooping cough)</td>
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</table>

Follow the guidelines below as well as those listed for your age in the preventive healthcare guidelines on pages 123.

### Transportation Benefits

Presbyterian Centennial Care provides non-emergency transportation to medical and behavioral health appointments if you do not have a ride. Our transportation provider has different types of transportation available. The type you qualify for is based on your medical need, your pickup location, and where you are going.
Transportation solutions include:

- Public, fixed-route bus (for example, ABQ Transportation, RoadRUNNER Transit, Clovis Area Transportation System, etc.)
- Fixed-route rail (Amtrak, Rail Runner Express)
- Fixed-route regional bus (Greyhound)
- Regional shuttle services (offered by the community)
- Commercial air
- Door-to-door shared-transportation vehicle

The transportation provider will ask questions to find out what type of ride you qualify for. They will also ask you questions about the visit to be sure that they know the location of the office. Based on the type of transportation, you may need to change the times of your visits.

**Emergency Transportation**

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

**Same-day Transportation**

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

If you are sick and feel like you need to see your primary care provider (PCP) that same day, call your PCP. He or she will help you decide if
you should come in that day. The PCP may send you to an urgent care center instead. See page 63 for more information on urgent care.

**How to Get Transportation**

If you need a ride to your appointment, call the Presbyterian Customer Service Center Monday-Friday, 8 a.m. to 6 p.m. (📞). You may also call the transportation provider Superior Medical Transportation directly at 1-855-774-7737. Superior Medical Transportation is available 24 hours a day, seven days a week. You can call at any time to check a reservation or for discharge-related requests.

You must be an eligible Presbyterian Centennial Care member to get transportation services. You can use transportation services to get to an appointment for medically necessary covered services.

**When to call**

You should call the Presbyterian Customer Service Center (📞) or the transportation provider before your appointment to schedule a ride.

You must call 48 hours before your scheduled appointment. Don’t wait until the day of your appointment to schedule your ride. Advance notice is required for transportation so that the best type of service can be arranged.

**Information you will need when reserving a ride**

- Your full name
- Your member ID number (look on your Presbyterian Centennial Care member ID card)
- The time of the appointment
- Physical address of the provider or facility
- Name and phone number of the provider or facility
• Your return time
• Special needs (medical equipment, oxygen, wheelchair, walker, medical attendant, etc.)
• Reason for the appointment (medical, dental, vision appointment, behavioral health, prenatal)

Superior Medical Transportation will call your doctor or other healthcare provider to verify your appointment prior to your scheduled visit.

Qualified Attendants

If you are an adult Presbyterian Centennial Care member and need assistance, you may request an attendant to go with you to your appointment. To qualify as an attendant, this person must:

• Be over age 18.
• Be able to help you. Someone who requires help does not qualify as an attendant.
• Be someone who your doctor or healthcare provider says needs to help you when you go to your appointment. We don’t provide transportation for others to keep you company during your visit.

Transportation to Another City for Healthcare

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

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

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

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

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

**Door-to-door Transportation**

If you qualify for door-to-door transportation, the transportation provider will give you a 30-minute range of time for the driver’s arrival. This means the driver could arrive at any time within 30 minutes of your scheduled transportation. Please be ready at the beginning of the 30-minute range.

For example, you may be told that your driver will pick you up between 2 p.m. and 2:30 p.m. You must be ready to be picked up at 2:00 p.m. If you are not ready by then, you could miss your ride. **Drivers will wait up to 10 minutes within your 30-minute range.**

When your appointment is over, you will need to call **Superior Medical Transportation** at 1-855-774-7737 and notify them that you are ready to be picked up. Superior Medical Transportation will notify the driver that you are ready. You may have a short wait time to be picked up because drivers maybe on another scheduled transport.
When the driver arrives, you will need to sign a form that says you are eligible for Medicaid services. You may also have to write your member ID number on the form. This number is on your Presbyterian Centennial Care member ID card. The driver will also make sure you have a scheduled medical or behavioral health appointment for that day. Your trip must be medically necessary and your appointment must be with the closest and most appropriate provider.

**Canceled or Changed Appointments**

You are required to call the transportation provider as soon as your appointment has been changed or canceled, or at least two hours before your scheduled pickup time (4 hours for rural areas). Superior Medical Transportation’s telephone lines are open 24 hours a day, seven days a week, and 365 days a year at 1-855-774-7737.

**Missed Transportation Appointments**

If you miss three or more transportation appointments in a row, a Presbyterian Customer Service Center representative will call you. The call will remind you that you should cancel transportation reservations at least two hours before your pickup time or as soon as you know you will not be going to the appointment. If you continue to miss your transportation appointments, you may no longer qualify for door-to-door rides. Instead, the transportation provider may offer you a different transportation option to your medical visits.

**Individuals Needing Special Assistance**

Our transportation provider can transport you or your child if you have special healthcare needs. When you schedule your ride, please tell Presbyterian Customer Service (☎️) that you or your child has a special healthcare need.
Transporting Children

There are special rules that we follow when transporting children:

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

Education Classes

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

Other Transportation Options

In limited cases, Presbyterian Centennial Care may pre-approve friends, non-household relatives, or volunteers to give you a ride to
your appointment. We review these requests on a case-by-case basis to see if you qualify for this option.

- **You must request and be approved for mileage reimbursement (repayment) before your trip.**
- Presbyterian Customer Service Center will confirm that Superior Medical Transportation is unable to transport you.
- Your trip must be more than 65 miles one-way.
- Your trip must be medically necessary and your appointment must be with the closest and most appropriate provider.
- Rides to the pharmacy to pick up prescriptions or pick up of durable medical equipment are not covered.
- We may require a letter from your provider telling us why this is medically necessary (needed). We will need the letter before we approve your request.
- If pre-approved, reimbursement will be made after we confirm that you kept the appointment.
- To get the authorization, call the Presbyterian Customer Service Center. You will need to have the name and address of the office where you have your appointment.
- The Presbyterian Customer Service Center will call and verify that you have a valid appointment.
- **Reimbursement for the transportation is not always approved. Reimbursement will be approved only if a situation meets the need for this option.**

**Food and Drink**

The rules for eating and drinking are based on the type of ride. If it is medically necessary (needed) to bring food or drink, you must tell the
transportation provider when you make your reservation. They will tell you at that time if it is okay to bring food or drink.

If you have door-to-door transportation, you must bring the food or drink in sealed containers. You may not eat in the vehicle.

**Meals and Lodging**

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

Presbyterian Centennial Care will pay for meals for members who must leave their home community for eight hours or more for medical services. Unless you have an emergency, **Presbyterian Centennial Care must approve the request for meals reimbursement before the trip.**

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

If the member is 18 years of age or older, the member’s medical provider must put in writing that an attendant is medically necessary (needed). Presbyterian Centennial Care will not cover transportation, meals, or lodging for attendants under 18 years of age. Unless you have an emergency, **Presbyterian Centennial Care must approve your request to cover an attendant’s meals and lodging before the trip.**
Reimbursement for Meals, Lodging and Transportation

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

Presbyterian Health Plan, Inc.
Presbyterian Customer Service Center
Attn: Claims
P. O. Box 27489
Albuquerque, NM 87125

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

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

Out-of-state Transportation, Meals, and Lodging

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

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

If you have a medical or health emergency, dial 911 or the emergency number in your area. Do not call the transportation provider. The transportation provider does not coordinate with air or ground ambulance transportation. For non-emergency transportation you, your provider’s office, or a care coordinator should call the Presbyterian Customer Service Center (📞) if you need an ambulance.
Vision Services

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

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

Routine and Medically Necessary Eye Exams

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

- Children are limited to one routine eye exam in a 12-month period or when care is medically necessary (needed).
- Adults are limited to one routine eye exam in a 36-month period.
- You must choose an eye care provider in the Presbyterian Centennial Care provider network. These eye care providers are listed in the Vision Care Practitioners section of your Presbyterian Centennial Care Provider Directory.
- You do not need a referral for routine eye exams.
- If you need an eye exam due to medical reasons such as diabetes, find a provider listed in the Vision Care Practitioners section of your Presbyterian Centennial Care Provider Directory.

Eyeglasses

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

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

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

For members in the Alternative Benefit Plan (ABP) category, eyeglasses are covered only for aphakia (this means after the removal of lens of an eye). Refractions for visual acuity (clarity of vision) and routine vision care are not covered.

**Contact Lenses**

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

- Coverage for children is limited to one pair of contact lenses in a 12-month period instead of glasses (if the child meets the Medicaid guidelines) or when medically necessary (needed).
• Coverage for adults is limited to one pair of contact lenses in a 36-month period instead of glasses (if you meet the Medicaid guidelines).

**For members in the ABP category, contact lenses are covered only for aphakia (this means after the removal of the lens of an eye).**

**Eye Prosthesis (artificial eye)**

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

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**New Medical Treatments**

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

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**Women’s Health and Cancer Rights**

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

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

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

Value-Added Services

Presbyterian offers value-added services that go beyond the Presbyterian Centennial Care covered benefits and services. Value added services are not subject to the appeals process. There are limitations to some of these services.

1. **Dental varnish**: Up to six applications of dental varnish provided only by a Presbyterian Centennial Care participating Primary Care Provider. This benefit only covers up to 6 applications for children between six months and three years of age.

2. **Category 035/301 – expansion for pregnant members**: Category 035/301 members will have access to full medical and behavioral health benefits, including prescription drug coverage. This includes routine dental services. **Vision is not covered.**

3. **Native American healer benefit**: This benefit covers the healer’s (provider’s) services for counseling and healing rituals. **For Native American members only.**

   The benefit covers a maximum of $300 per calendar year.

4. **Baby benefit new mother program**: This is a program for pregnant women who are rewarded for participating in Presbyterian Centennial Care’s Baby Benefits program.

5. **Counseling copayment reimbursement**: This benefit reimburses up to three (3) counseling visits to an approved
provider; available to WDI and CHIP members who are subject to office visit copayments.

6. **Pharmacy purchase reimbursement for dual-eligible members (Centennial Care & Medicare):** This benefit covers members who have Medicare (confirmed with Centennial Care eligibility). Members qualify for a $50 annual reimbursement for purchase of one or more of the following items at a participating pharmacy: First aid items; over-the-counter medications; nutritional supplements; non-prescription medical and hygiene supplies such as humidifiers, removable shower heads, canes, and non-prescription reading glasses. Pharmacy copayments (copays) are excluded.

7. **Enhanced care coordination specialized services:** Additional services for members in care coordination only; must be approved by a care coordinator. These services include caregiver support programs, home monitoring for high-risk members, and individualized services for members who meet criteria.

**The appeals process**

Presbyterian Centennial Care wants you to have the care you need. We are very careful to make sure that the healthcare you get is the right kind and right amount of care. **Value added services** are not subject to the appeals process.
Chapter 5 Your Rights and Responsibilities

Your Rights and Responsibilities

Member Rights and Responsibilities

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

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

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

You have the right to:

- Exercise your patient rights. Understand that doing this does not cause Presbyterian and its contracted providers or Human Services Department (HSD) to treat you in a negative way.
- Be treated with respect and recognition of your dignity and right to privacy.
- Be told about the options open to you for your treatment. Be told about any other choices you can make about your treatment.
You should get this information in a way that is right for your condition. You should be told in a way that you can understand.

- Decide on advance directives for your healthcare as allowed by law. Please see “Advance Directives and Decisions about Your Healthcare” on page 113 for more information.

- Get care that is free from discrimination.

- Participate with your provider in all decisions (choice) about your healthcare. This includes your treatment plan and the right to refuse treatment. Family members and/or legal guardians or decision makers also have this right, as appropriate.

- Get healthcare that is free from any form of restraint or seclusion that is used to pressure or punish you.

- Ask for and get a copy of your medical records.

- Choose a stand-in decision maker to be involved as appropriate. This person will be able to help with care decisions (choices).

- Give informed consent for healthcare services.

- File a grievance or appeal about Presbyterian Centennial Care or the care that you had. You have the right to file a grievance with Presbyterian Centennial Care and New Mexico HSD without fear of retaliation (punishment).

- Choose a provider from the Presbyterian Centennial Care network. A referral or prior authorization may be needed to see some providers.

- Get information about Presbyterian Centennial Care. This includes our services, how to access them, your rights and responsibilities, and the providers available for your care.

- Be free from harassment by Presbyterian Centennial Care or its network providers about contractual disputes between Presbyterian and its providers.
• Seek family planning services from any provider. This includes providers outside of the Presbyterian network. Presbyterian Centennial Care members can learn about their family planning rights through the Member Handbook, the website, and the online member portal. They also can learn through education and outreach programs. At the least, this includes counseling on HIV and other sexually transmitted infections (STIs). It covers things you can do to lower your risk for STIs. It also covers birth control pills and devices (including Medicaid Plan B). It includes information on how to get family planning services. You can seek these services no matter what your age or sex is.

• Female members: Self-refer to a women’s health specialist in the Presbyterian Centennial Care network. This applies to covered care needed for women’s routine and preventive healthcare services. This is in addition to the care your Primary Care Provider (PCP) provides if he or she is not a women’s health specialist.

• Private medical and financial records. This is in agreement with current law. These are the records kept by Presbyterian and your provider.

• See your medical and financial records. This is in agreement with any laws and regulations that apply. You have the right to confidential (private) records. Your records will be released only with your written consent. Your legal guardian also may give consent. Your records may be released as otherwise allowed by law.

• Ask that the use or disclosure of your protected health information (PHI) be restricted (see page 104).

• Get confidential communications of your PHI from Presbyterian Centennial Care.

• Get and inspect a copy of your PHI as allowed by law.
• Ask for an amendment (addition to) your PHI if, for example, you feel the information is incomplete or wrong.

• Get an accounting of PHI disclosures.

• Ask for a paper copy of the official Privacy Notice from Presbyterian Centennial Care. This is your right even if you have already agreed to receive electronic privacy notices.

• File a complaint if you believe Presbyterian is not following the Health Information and Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information.

• Make recommendations about the Presbyterian Centennial Care Member Rights and Responsibilities policy.

• Get any information in a different format in compliance with the ADA.

You have the responsibility to:

• Freely exercise your rights. Understand that doing this does not cause Presbyterian and its contracted providers or HSD to treat you in a negative way.

• Give your complete health information. This will help your provider give you the care you need. This includes providing childhood immunization (shot) records for members up to age 21.

• Follow your treatment plans and instructions for medications, diet, and exercise as agreed upon by you and your provider.

• Keep your appointment. If you cannot keep it, call your provider to reschedule or cancel no later than 24 hours before your appointment.

• Tell the provider if you don’t understand his or her explanation about your care. Ask the provider questions. Talk to the
Presbyterian Customer Service Center about any suggestions or problems you may have.

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

Ombudsman Program

Presbyterian has an ombudsman program to help you learn how your Centennial Care insurance works. The ombudsman will also help you
get the care you need. Below are a few ways the Ombudsman can help:

- Help you with issues or problems
- Help you learn the Presbyterian Centennial Care system
- Help you with referrals and resources (aid)
- Refer you to Care Coordination

To contact the Presbyterian Centennial Care Ombudsman:

- Phone: (505) 923-5780
- Fax: (505) 923-8159
- Email: ombudsman@phs.org
- Address:
  Attention: Ombudsman
  Presbyterian Centennial Care
  9521 San Mateo Blvd. NE
  Albuquerque, NM 87113

Abuse, Neglect and Exploitation

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

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

A grievance is an official notice of your dissatisfaction with your care. If you are not satisfied with your healthcare, you should talk about the problem with your primary care provider (PCP) or the service provider. If you still have concerns after talking with your PCP or the provider, call the Presbyterian Customer Service Center (📞). Customer service can help you if you have a specific complaint about your physical healthcare, behavioral healthcare, long-term care services and supports, or Presbyterian Centennial Care. They can also help you if you have concerns about your health plan. See the phone numbers on the bottom of each page in this handbook.

The Grievance Process

- You may file a grievance orally (on the phone or in person) or in writing.
- If you need help filing a grievance, please call the Presbyterian Customer Service Center. We can also help you translate the grievance into English. You can send your grievance in writing to:
  Presbyterian Centennial Care
  Grievance Coordinator
  P.O. Box 27489
  Albuquerque, NM 87125

  You may also send your grievance in an email to info@phs.org.

  We will send you a letter saying that we got your grievance. The letter will be sent within five business days. We will resolve your grievance within 30 calendar days.

  If we cannot resolve your grievance within the 30-day period, we may ask for an extra 14 calendar days. Also, you have the right to ask for a 14-day extension. The New Mexico 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 of the extension request.

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

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

The Appeals Process

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

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

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

• Presbyterian Centennial Care does not complete a prior
authorization for routine care within 14 days or for urgent care
within 72 hours

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

• If you decide to file an appeal, you must do so within 60
calendar days of the date that you got notice of the decision

• You may file an appeal orally (on the phone or in person) or in
writing

• If you need help filing an appeal, please call the Presbyterian
Customer Service Center (⁎). Customer service can also
help you translate the appeal into English. You can call or write
to Presbyterian Centennial Care. Call (505) 923-5200 if you live
in Albuquerque. If you live outside of Albuquerque, call 1-888-
977-2333 toll-free. Ask to file an appeal. You also can write to:

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

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

Presbyterian keeps copies of all filed appeals. You may ask to see
these copies at any time. Contact the Appeals Coordinator to ask to
see your appeal. If you or your provider files an appeal within 10
calendar days of getting notice of our decision, and you ask for an
extension of the benefit, we will continue the healthcare service until:
• The appeal is withdrawn
• 10 days have passed after mailing a resolution of the appeal letter and there is no further disagreement
• The time period or limits of the authorized service have expired

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

After getting your appeal, we will send you a letter within 5 business days. The letter will state that we got your appeal. It will also state when we expect to resolve your appeal. We will resolve your appeal within 30 calendar days.

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

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

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

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

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

Fair Hearing Process

You may ask for a fair hearing through HSD after you finish the internal appeal process with Presbyterian Centennial Care. If you want a fair hearing, you must do so within 120 calendar days of getting notice of Presbyterian's final decision. To ask for a fair hearing, write to:

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

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

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

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

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

**Fraud and Abuse**

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

If you think a provider or member has committed fraud or abuse, you have a responsibility to report it. If you get suspicious phone calls from companies not associated with Presbyterian Centennial Care, do not give out any information. This includes your member number, date of birth, Social Security number, or name and address. Presbyterian Centennial Care has a hotline for members to call to report suspicious activity. If you live in Albuquerque, call (505) 923-5959. If you live outside Albuquerque, call 1-800-239-3147 toll-free.

**Examples of Suspicious Provider Activity You Should Report:**

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

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

Examples of Suspicious Member Activity You Should Report:

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

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

Reporting Critical Incidents

Presbyterian Centennial Care members who get Medicaid Home and Community Based Services should be able to live a life that is free from harm. Harmful incidents (events) may be reported to Presbyterian Health Plan, Inc.

Incidents include: abuse, neglect, exploitation, emergency services, death, environmental hazards, law enforcement intervention, or a missing person.
Who May Report?

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

To report an incident, contact your Presbyterian Health Plan care coordinator or you may call or email the Presbyterian Customer Service Center at:

Phone: (505) 923-5200 or 1-888-977-2333 | TTY: 711
Navajo language Hotline: (505) 923-5157 (Albuquerque) 1-888-806-8793 (outside Albuquerque)
Hours: Monday through Friday, 8 a.m. to 6 p.m.
E-mail: info@phs.org

The Presbyterian representative will file a report about the incident. The report will then be filed with the New Mexico Human Services Department (HSD).

Protecting Your Privacy

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

Protected Health Information (PHI)

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

**Use and Disclosure**

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

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

**Your Privacy Rights**

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

- Inspect and get a copy of your PHI
- Ask for restrictions on certain uses and disclosures of your PHI
- Get confidential communications about your PHI from Presbyterian Centennial Care
- Ask for an amendment or addition to incorrect or incomplete PHI
- Get an accounting of your PHI disclosures
- Get a paper copy of the official Privacy Notice from Presbyterian Centennial Care upon request (even if you already agreed to get electronic privacy notices)

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

- Psychotherapy notes
• Information gathered in reasonable expectation of, or for use in, a civil, criminal, or administrative action or proceeding, such as information that is protected by attorney-client privilege

• PHI maintained by Presbyterian Centennial Care that is subject to the Clinical Laboratory Improvement Amendments of 1988 (CLIA) 42 USC 263a, to the extent the provision of access to the member would be prohibited by law; or exempt from the Clinical Laboratory Improvements Amendments of 1988 (CLIA), pursuant to 42 CFR 493.3(a)(2)

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

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

Presbyterian Centennial Care will act on this request no later than 30 days after getting it. If we cannot complete your request within 30 days, we may take up to 30 more days. However, we must give you a written reason for any delay. Also, we must tell you by what date we will act on your request.

Requesting Restrictions of Use and Disclosure

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

• 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

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

• Presbyterian Centennial Care treatment, payment, and healthcare operations
• Persons involved in your care (e.g., family member, other relative, close personal friend, or any other person you name)
• Notification of your location, general condition, or death
• A public or private entity assisting in disaster relief

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

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

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

Requesting an Account of PHI Disclosures

You have the right to ask for an account of PHI 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 PHI
- A brief description of the disclosed PHI
- A brief statement that explains why the information was disclosed or a copy of the written disclosure request

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

Use of Consents and Authorizations

Written authorization is required for disclosure of PHI except as otherwise permitted or required by law. A member’s legal guardian, custodial parent, or legal representative may also sign an authorization as allowed by law.
All participating providers, practitioners, and facilities must follow federal and state laws and keep patient information confidential (private). This includes a patient’s HIV/AIDS status, behavioral health, sexually transmitted infection history, or alcohol/drug use.

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

To request a release of information form, please call the Presbyterian Customer Service Center (📞) or access the HIPAA Release Form, titled “Authorization form for Release of Protected Health Information (Medical Records) – Presbyterian Health Plan” from the Member Download Library at www.phs.org/Pages/privacy-security.aspx. We will keep authorization forms in your medical record or enrollment file.

Members Who Are Unable to Give Consent or Authorization

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

Keeping Information Private and Safe

Presbyterian Centennial Care follows strict confidentiality (privacy) policies. All PHI is kept in a physically secure location. Only Presbyterian Centennial Care employees and other authorized persons have access to PHI. In addition, all employees must:
• Use PHI only if it is essential to job-related tasks
• Not discuss PHI unless it is essential to job-related tasks
• Keep reports and other PHI from the view of other patients, members, and employees who do not need the information for a job-related task
• Get signed confidentiality statements from volunteers
• Get signed confidentiality agreements from organizations that have a business relationship with Presbyterian Centennial Care to ensure that PHI is handled properly
• Sign a confidentiality agreement

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

Information Collected by Our Website, www.phs.org

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

• **Website traffic**, including where visitor traffic comes from, how traffic flows within the website and what kind of browser people use. Traffic statistics help us improve the website and find out what visitors find interesting and useful.

• **Personal Information.** If you fill out a form on the Presbyterian website, you might give us personal information like your name, address, billing information, and health plan member status.

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

We never sell, trade, or rent your personal information to other companies or partners. If you have questions, call the Presbyterian Customer Service Center (📞).
Disclosure to Government Agencies and Other Organizations

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

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

Use of Measurement Data

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

Questions About Our Privacy Practices

If you have any questions about our privacy practices, please call the Presbyterian Customer Service Center (505) 923-5200. You may also refer to our website, www.phs.org, for helpful information such as the provider directory, claims status and eligibility status. The website also includes information such as member rights and responsibilities and our official Joint Notice of Privacy Practices.

Advance Directives and Decisions (choices) About Your Healthcare

Advance directives put into writing what kind of treatment or care you want. Advance directives make your wishes known if you are sick or hurt and can’t speak for yourself. Your advance directives must be followed.
Presbyterian has a handbook called Advance Healthcare Directives. This handbook has information about advance directives.

You can find information and forms on our website: www.phs.org/Pages/member-rights.aspx.


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

Types of advance directives include:

- **Living will**: This lets you define the treatments (care) you want and do not want if you can’t speak for yourself or can’t make decisions (choices). A living will can tell a caregiver if you want to be fed or given fluids through tubes. It also tells the healthcare providers if you want them to make special efforts to save your life. To avoid problems with state and federal laws about provider care, make sure you clearly say what you want and don’t want.

- **Durable power of attorney for healthcare**: This gives a person you choose the power to make medical decisions for you if you can’t do it yourself.

- **Advance directive for mental healthcare (psychiatric advance directive)**: A mental health advance directive offers a clear written statement of a person’s mental health treatment preferences or other expressed wishes or instructions. It can also be used to assign decision-making authority to another person who can act on that person’s behalf when that person cannot say what treatment he or she wants because of a mental illness. This kind of advance directive:
Promotes a person’s independence during recovery from mental illness;

Improves communication between individuals and their families, friends, healthcare providers, and other professionals;

Protects persons from getting ineffective, unwanted or possibly harmful treatments or actions; and

Helps prevent crises. It also helps prevent the use of treatment or safety interventions that the patient does not want, including restraint or seclusion.

Make sure to give copies of your power of attorney statement or living will to your provider. Also give copies to the hospital if you are admitted. Always keep a copy for yourself. If you have a durable power of attorney for healthcare, give a copy to the person you have named. You have the right to change these directions. If you make changes, make sure everyone has a new copy of the statements.

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

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

Consumer Advisory Board

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

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

The benefits of being a board member include:

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

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

**How to Switch to Another Managed Care Organization (MCO)**

If you are not satisfied with Presbyterian Centennial Care and want to switch to a different MCO, you have 90 days from the date that you become a member to ask for a different MCO.

If you leave and then return to Presbyterian Centennial Care, you will need to stay with Presbyterian Centennial Care for 12 months. This "lock-in" period of 12 months is part of the Medicaid program guidelines. Members may ask to break a lock-in for a good reason, such as:

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

You will need to send a written request to the New Mexico Human Services Department (HSD) to switch to another MCO during the lock-in period. HSD will approve or deny the request. They will tell you and Presbyterian Centennial Care about their decision. Send your written request to:

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

If you need help with your request, please call the Presbyterian Customer Service Center (📞).
If HSD approves your request to switch to a different MCO, Presbyterian Centennial Care will help you transfer your care to the new MCO. We will work to make this transfer as smooth as possible.

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

Also, if you lose Medicaid eligibility for two months or less, you will automatically be re-enrolled with Presbyterian Centennial Care. If the end of the 12-month lock-in period occurs during the time that you are not in Medicaid, you can ask to switch to another MCO at any time after you return to Presbyterian.

**How to Disenroll From Presbyterian Centennial Care**

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

- You move out of the Presbyterian Centennial Care service area. The Centennial Care service area is the state of New Mexico.
- Presbyterian Centennial Care will not cover a healthcare service for moral or religious reasons.
- You need related healthcare services to be done at the same time and:
  - There is no network provider who can do this, and
  - Another provider has determined that you would be at risk if you received the services separately
- Other reasons such as:
  - Receiving poor quality of care
  - Problems getting covered services
• Problems finding a provider who has experience dealing with your health needs

A written request for disenrollment must be sent to HSD for review. HSD must review and approve or deny the request. HSD must approve or deny the request no later than the first day of the second month after the month during which you sent the request. For example, if a request is sent on June 14, then HSD must approve or deny the request no later than August 1. If HSD does not respond in time, then the request is approved. Send your written request to:

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

For help with disenrollment, call the Presbyterian Customer Service Center (). If HSD denies your disenrollment request, then you may ask for a fair hearing. See page 101 for more information on fair hearings.
Health Information and Screenings

Preventive Services

Keeping Children Healthy

Children are special to Presbyterian Centennial Care. To better care for your children, we have a program called EPSDT (Early and Periodic Screening, Diagnostic and Treatment). It includes Tot-To-Teen checkups (well-child checkups). Tot-to-Teen checkups cover immunizations (shots) and other preventive healthcare for children and young people up to age 21. Preventive healthcare and well-child checkups may help prevent serious illness. Your child’s primary care provider (PCP) will provide these services.

We will send you a reminder when it’s time for your children to have a health check. You can then call your child’s PCP to make an appointment. Schedule a well-child visit for your child within six months of enrolling in Presbyterian Centennial Care. You can also find information on developmental screenings for children by visiting www.brightfutures.aap.org or www.theswyc.org these sites are helpful
in understanding the importance of well child exams, screenings and referrals.

**Immunizations (shots) for Your Children**

Look for the Immunization Schedule on page 132. It will help you to know the shots your child needs and at what age he or she should get them. Also, be sure to talk to your child’s PCP to make sure that your child’s shots are up to date. Bring your child’s shot records to each visit.

*If you have any questions, call the New Mexico immunization hotline toll-free at 1-800-232-4636.*

**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 children and adults. Your child’s PCP may want you and your child to get these services more often or less often. Talk to your PCP about what is right for you and your child.

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

**Comprehensive diabetes care**

We can help you manage your diabetes. If you have diabetes, it is important that you get each of the following screenings and tests once a year:

- HbA1c testing
- LDL-C screening
- Blood pressure screening
• Nephropathy testing show how well your kidneys are working (testing includes a urine test and a blood test)
• Yearly retinal eye exam (or once every two (2) years if the previous screening was negative for diabetic retinopathy)

This information can help your healthcare provider give you the best care for your diabetes.

Well-child and Well-care Visits

Talk to your primary care provider (PCP) for tips on how to stay healthy. This includes things like eating right and getting regular exercise. Talk to your PCP about weight assessments, nutrition counseling, and physical activity. Also ask about lead screening for your children. Take charge of your healthcare!

Preventive Healthcare Guidelines

Our preventive healthcare guidelines list the exams and screenings you should have and at what age you should have them. The preventive healthcare guidelines are listed starting on page 123.
### Tot-to-Teen Health Check (complete exam that includes vision, hearing, development, and behavioral health screening)

<table>
<thead>
<tr>
<th></th>
<th>Infancy-Age 1</th>
<th>Age 1-10</th>
<th>Age 11-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit your PCP for this complete exam at birth and when your child is 1, 2, 4, 6, 9, and 12 months of age.</td>
<td>Visit your PCP for this complete exam when your child is 15, 18, and 24 months, and 3, 4, 5, 6, 7, 8, 9, and 10 years of age.</td>
<td>Visit your PCP for this complete exam when your child is 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years of age.</td>
<td></td>
</tr>
</tbody>
</table>

### Blood lead screening

- At 12 months
- At 24 months

### Laboratory tests

- Standard newborn screenings.
- Ask your PCP if your child needs any laboratory tests.

### Immunizations

- Ask your PCP or nurse AT EVERY OFFICE VISIT if your child needs immunizations. (See immunization schedules at: [http://www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html) and [https://nmhealth.org/about/phd/idb/imp/imsc/](https://nmhealth.org/about/phd/idb/imp/imsc/))

### Screening for Chlamydia and Gonorrhea

- All sexually active females ages 24 and younger and for older women at increased risk. Discuss with your PCP.

### Screening for Syphilis

- Asymptomatic, non-pregnant adults and adolescents who are at increased risk for syphilis infection.

### Screening for Rubella

- Once for all females of childbearing age by history of vaccine or blood test.

### Screening for Depression, Ages 12-18

- Discuss with healthcare practitioner.

### Screening for High Blood Pressure

- Blood pressure measurements at every well-child visit starting at age 3.

### Screening for Obesity

- Screen children age 6 and older for obesity.

### Autism Spectrum Disorder screening

- Screening between birth and age 19 as part of annual visit. Discuss with your PCP.

### Sources: (See source list at end of this section)
### Health Education and Development Counseling

Age-appropriate health education and development counseling should encompass some of the following:

<table>
<thead>
<tr>
<th>Infancy – Age 1</th>
<th>Healthy Habits</th>
<th>Home Safety</th>
<th>Motor Vehicle Safety</th>
</tr>
</thead>
</table>
| **Healthy Habits** | - Baby bottle tooth decay  
- Breastfeeding for child’s health  
- Iron-enriched formula (less than age 1)  
- Impact of second-hand smoke | - Sleep positioning  
- Smoke detectors  
- Hot water temperature less than 120°F | - Child safety car seats |
| **Ages 1-10** | **Healthy Habits** | **Home Safety** | **Motor Vehicle Safety** | **Recreational Safety** |
| **Healthy Habits** | - Regular physical activity  
- Healthy diet  
- Dental care  
- Not using tobacco and impact of second-hand smoke | - Prevention of household injuries  
- Smoke detectors  
- Hot water temperature less than 120°F  
- Window/stair guards  
- Safe storage/removal of firearms  
- Remove or lock up poisons and cleaning supplies  
- Lock up prescription drugs  
- Cardiopulmonary Resuscitation (CPR) training for parents/ caretakers  
- Put Poison Control number at each telephone | - Airbag safety  
- Child safety car seats  
- Lap/shoulder belts | - Bicycle, motorcycle, All terrain vehicle (ATV) helmet use  
- Pool safety |
## Health Education and Development Counseling

Age-appropriate health education and development counseling should encompass some of the following:

### Ages 11-20

<table>
<thead>
<tr>
<th>Healthy Habits</th>
<th>Home Safety</th>
<th>Motor Vehicle Safety</th>
<th>Recreational Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regular physical activity</td>
<td>• Prevention of household injuries</td>
<td>• Airbag safety</td>
<td>• Bicycle, motorcycle, All terrain vehicle (ATV) helmet use</td>
</tr>
<tr>
<td>• Healthy diet</td>
<td>• Smoke detectors</td>
<td>• Child safety car seats</td>
<td>• All terrain safety</td>
</tr>
<tr>
<td>• Dental care</td>
<td>• Safe storage/ removal of firearms</td>
<td>• Lap/shoulder belts</td>
<td>• Bike safety</td>
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<tr>
<td>• Not using tobacco and impact of second-hand smoke</td>
<td>• Intimate partner violence (domestic violence)</td>
<td></td>
<td>• Pool safety</td>
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<tr>
<td>• Prevention of illegal drug use and underage drinking</td>
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<tr>
<td>• Prevention of Human Immunodeficiency Virus (HIV) and other sexually transmitted infections (STIs)</td>
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<td></td>
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<tr>
<td>• Prevention of unintended/mistimed pregnancies</td>
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</tbody>
</table>

*Call Presbyterian Customer Service Center*

Monday-Friday, 8 am to 6 pm

Closed on weekends and holidays

In Albuquerque (English and Spanish): (505) 923-5200

Navajo/Diné in Albuquerque: (505) 923-5157

Outside of Albuquerque (English and Spanish): 1-888-977-2333

Navajo/Diné outside Albuquerque: 1-888-806-8793

TTY: 711
Exam and Screening Schedule for Adults Age 21 and Older (2017-2018)

<table>
<thead>
<tr>
<th></th>
<th>Ages 21-64</th>
<th>Age 65 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer screening</td>
<td>Mammogram (special X-ray of breast) every 1-2 years for women ages 40 and older. Discuss with your PCP.</td>
<td></td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>Pap smear testing for women ages 21-65 every 3 years.</td>
<td></td>
</tr>
<tr>
<td>Screening for chlamydia and gonorrhea</td>
<td>All sexually active women ages 24 and younger and for older women at increased risk. Discuss with your PCP.</td>
<td></td>
</tr>
<tr>
<td>Screening for syphilis</td>
<td>Asymptomatic, non-pregnant adults who are at increased risk.</td>
<td></td>
</tr>
<tr>
<td>Screening for colorectal (intestine/gut) cancer</td>
<td>For all individuals ages 50-75:&lt;br&gt;• Testing for blood in stool every year for everyone ages 50 and older.&lt;br&gt;• Discuss other screening options with your PCP.</td>
<td></td>
</tr>
<tr>
<td>Screening for Type 2 Diabetes</td>
<td>Discuss with your PCP.</td>
<td></td>
</tr>
<tr>
<td>Blood pressure check</td>
<td>At least every 2 years.</td>
<td></td>
</tr>
<tr>
<td>Lipid/cholesterol screening</td>
<td>At least every 5 years for men ages 35 and older.</td>
<td>At least every 5 years for women ages 45 and older.</td>
</tr>
<tr>
<td>Screening for osteoporosis* (bone thinning)</td>
<td>For women age 64 and younger at increased risk. Discuss with your PCP.</td>
<td>For women ages 65 and older, discuss with your PCP.</td>
</tr>
<tr>
<td>Screening for abdominal aortic aneurysm (a heart problem)</td>
<td>Men ages 65-75 who have ever smoked (one-time test).</td>
<td></td>
</tr>
<tr>
<td>Lung cancer screening</td>
<td>Annual screening for adults ages 55 to 80 years with a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.</td>
<td></td>
</tr>
<tr>
<td>Height, weight and obesity</td>
<td>Height, weight, and Body Mass Index (BMI) at every office visit.</td>
<td></td>
</tr>
<tr>
<td>Exam and Screening Schedule for Adults Age 21 and Older (2017-2018) (Continued from above)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Ages 21-64</td>
<td>Age 65 and older</td>
<td></td>
</tr>
<tr>
<td>Testing for rubella</td>
<td>Once for all women of childbearing age by history of vaccination or blood test.</td>
<td></td>
</tr>
<tr>
<td>Testing for tuberculosis</td>
<td>Discuss with your PCP.</td>
<td></td>
</tr>
<tr>
<td>Screening for depression</td>
<td>Discuss with your healthcare practitioner.</td>
<td></td>
</tr>
<tr>
<td>Screening for behavioral health problems (mental health and drug use disorder)</td>
<td>First PCP visit.</td>
<td></td>
</tr>
<tr>
<td>Testing for hearing and vision problems</td>
<td>Discuss with your PCP.</td>
<td></td>
</tr>
<tr>
<td>Immunizations** (shots)</td>
<td>Ask your PCP about immunizations you may need.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Flu shot every year.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tetanus boosters.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Shingles (herpes zoster) vaccine for ages 60 and older (one-time vaccine).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pneumonia vaccine(s): Discuss options with your PCP.</td>
<td></td>
</tr>
</tbody>
</table>
Health Education and Development Counseling

Age-appropriate health education and development counseling should encompass some of the following:

<table>
<thead>
<tr>
<th>Ages 21-64</th>
<th>Ages 65 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regular physical activity</td>
<td>• Fall prevention</td>
</tr>
<tr>
<td>• Healthy diet</td>
<td>• Prevention of HIV infection and other sexually transmitted infections (STIs)</td>
</tr>
<tr>
<td>• Not using/quitting tobacco</td>
<td>• Discussion of prevention of chronic diseases for perimenopausal and postmenopausal women</td>
</tr>
<tr>
<td>• Avoid alcohol misuse</td>
<td>• Use of aspirin for members at risk for heart disease:</td>
</tr>
<tr>
<td>• Prevention of HIV infection and other sexually transmitted infections (STIs)</td>
<td></td>
</tr>
<tr>
<td>• Prevention of unintended/mistimed pregnancies</td>
<td></td>
</tr>
<tr>
<td>• Intimate partner violence (domestic violence)</td>
<td></td>
</tr>
<tr>
<td>• Prevention of injuries (motor vehicle, household, and recreational)</td>
<td></td>
</tr>
<tr>
<td>• Discussion of prevention of chronic diseases for perimenopausal and postmenopausal women</td>
<td></td>
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<tr>
<td>• Use of aspirin for members at risk for heart disease:</td>
<td></td>
</tr>
<tr>
<td>• Men ages 45-79 years</td>
<td></td>
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<tr>
<td>• Women ages 55-79 years</td>
<td></td>
</tr>
<tr>
<td>• Men ages 45-79 years</td>
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<tr>
<td>• Women ages 55-79 years</td>
<td></td>
</tr>
</tbody>
</table>
### Pregnancy

- Visit a provider as soon as you think you might be pregnant.
- Your provider will tell you how often you need to visit after your first visit, usually every four weeks until your last trimester, than every two weeks, and then every week during the last month.
- You will need to visit your provider again 4-6 weeks after you deliver your baby.
- Follow these guidelines in addition to those listed for your age.

### Weeks 4-28

<table>
<thead>
<tr>
<th>What to expect</th>
<th>At your first visit with your healthcare provider, you may receive a full physical exam, take blood for lab tests, calculate your due date, receive a breast exam, pelvic exam to check your uterus (womb), and cervical exam, including a Pap test.</th>
</tr>
</thead>
</table>
| Discuss with your provider | - Balanced nutrition, ideal caloric intake and weight gain  
- Multivitamin with folic acid  
- Flu shot  
- Tobacco cessation/effects of passive smoking  
- Alcohol/other drug use  
- Lap/shoulder belts |
| Prenatal tests | - Your blood type and Rh factor  
- Anemia  
- Infections, such as sexually transmitted infections (STIs)  
- Signs that you are immune to rubella and chicken pox |
| Other possible prenatal screenings | - Amniocentesis (to check for certain birth defects)  
- Chorionic villus (to check for certain birth defects)  
- First trimester screen and ultrasound exam  
- Maternal serum screen (AFP) (to check for higher risk of chromosomal disorders or neural tube defects)  
- Screening to check mother’s risk of pregnancy related diabetes (after 24 weeks)  
- Nonstress test (test for fetal distress)  
- Discuss other screens or tests you might need with your provider  
- Non-invasive Prenatal Testing (NIPT) |
## Pregnancy

### Weeks 28-36

<table>
<thead>
<tr>
<th><strong>What to expect</strong></th>
<th>Keeping track of your baby’s movements is a good way to detect any signs of distress or if a doctor’s care is needed. Discuss the monitoring of fetal movement with your provider.</th>
</tr>
</thead>
</table>
| **Discuss with your provider** | - Balanced nutrition, ideal caloric intake and weight gain  
- Multivitamin with folic acid  
- Flu shot  
- Tdap booster  
- Tobacco cessation/effects of passive smoking  
- Alcohol/other drug use  
- Lap/shoulder belts |
| **Possible screenings** | - Screening to check mother’s risk of pregnancy related diabetes (after 24 weeks)  
- Nonstress test (test for fetal distress) |
| **Weeks 28-36** | |
| **Discuss with your provider** | - Rubella after delivery, if needed  
- Breastfeeding for child’s health benefits  
- Infant safety car seats  
- Importance of postpartum visit (follow-up visit for mom after baby is born)  
- Birth control (at postpartum visit) |
| **Potential prenatal screenings** | - Biophysical profile and Ultrasound exam  
- Group B strep infection (to check for bacteria that can cause pneumonia or serious infection in newborn) |

Be sure to set up your postpartum visit no later than 4-6 weeks from your delivery date.
Sources: (rev. 5/2017):


New Mexico Human Services Department, New Mexico Administrative Code 8.308.9.17 Preventive Physical Health Services. Available at http://164.64.110.239/nmac/parts/title08/08.308.0009.htm

Tot-to-Teen Health Checks are federally mandated for Medicaid as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program. Available at: http://164.64.110.239/nmac/parts/title08/08.320.0002.htm


New Mexico Department of Health Done by One Childhood Immunization Schedule https://nmhealth.org/about/phd/idb/imp/imsc/.

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Navajo/Diné outside Albuquerque: 1-888-806-8793
TTY: 711
### “Done By One” Childhood Immunization Schedule

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7-11</th>
<th>12</th>
<th>18</th>
<th>24</th>
<th>48</th>
</tr>
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<tbody>
<tr>
<td>DTap* (Diphtheria, Tetanus, Pertussis)</td>
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<tr>
<td>Hepatitis A</td>
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<td>Hepatitis B</td>
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<tr>
<td>Hib (Haemophilus influenzae type b)</td>
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<td>Influenza</td>
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<td>MMR (Measles, Mumps, Rubella)</td>
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<td>Meningococcal</td>
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<td>Pneumococcal</td>
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<td>Polio</td>
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<td>Rotavirus</td>
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<td>Varicella</td>
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</tbody>
</table>

*DAB* indicates the earliest ages for routine administration of currently licensed childhood vaccines, as of July 22, 2014 for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines are recommended whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high risk conditions: http://www.cdc.gov/vaccines/schedules/ACIP-ldc.htm. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

New Mexico Health

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- TTY: 711
1. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). *(Minimum age: 6 weeks)*
   - The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
   - Administer the final dose in the series at age 4–6 years.

2. Hepatitis A vaccine (HepA). *(Minimum age: 12 months)*
   - HepA is recommended for all children aged 1 yr (i.e., aged 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
   - Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.

3. Hepatitis B vaccine (HepB) *(Minimum age: birth)*
   - Administer monovalent HepB vaccine to all newborns weighing more than 2 kg (4 lb 6.5 oz) prior to hospital discharge. Delay giving HepB vaccine until smaller infants reach 2 kg except that all infants with Hepatitis B surface antigen (HBSAg)-positive mothers must be given HepB vaccine and 0.5 ml of hepatitis B immune globulin (HBIG) within 12 hours of birth.
   - If mother’s HBSAg status is unknown, administer HepB within 12 hours of birth. Determine the HBSAg status as soon as possible and if HBSAg-positive, administer HBIG (no later than age 1 week).
   - If mother is HBSAg-negative, the birth dose can be delayed, in rare cases, with a provider’s order and a copy of the mother’s negative HBSAg laboratory report in the infant’s medical record.
   - After the birth dose:
     - The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered no earlier than age 24 weeks. Infants born to HBSAg-positive mothers should be tested for HBSAg and antibody to HBSAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).
   - If mother’s HBSAg status is unknown, administer HepB within 12 hours of birth. Determine the HBSAg status as soon as possible and if HBSAg-positive, administer HBIG (no later than age 1 week).
   - If mother is HBSAg-negative, the birth dose can be delayed, in rare cases, with a provider’s order and a copy of the mother’s negative HBSAg laboratory report in the infant’s medical record.
   - 4-month dose:
     - It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

   - Pedvax-Hib or Comvax are recommended for Native American patients.
   - If PRP-OMP (PedvaxHib® or ComVax® [Merck]) is administered at both 2 and 4 months, a dose at age 6 months is not indicated.
   - TriHibit® (DTaP/Hib) should not be used for doses at ages 2, 4, or 6 months but can be used as the final dose in children 12 months or older.

5. Influenza vaccine. *(Minimum age: 6 months for inactivated influenza vaccine [IIV]; 2 years for live, attenuated influenza vaccine [LAIV])*
   - Administer annually to all over 6 months of age.
   - For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or IIV may be used.
   - Apersons receiving IIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
   - Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time. Most children younger than 9 years who have not received at least 2 doses in the past 2 years may also need 2 doses. Check current flu season immunization information at www.flu.gov for algorithm to see who needs a second dose.

6. Measles, mumps, and rubella vaccine (MMR) *(Minimum age: 12 months)*
   - Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.
   - Where children may be exposed to measles during travel, the first dose may be given as early as 6 months, but any dose delivered before 12 months does not count toward the 2 doses needed at the regularly scheduled ages.

7. Meningococcal vaccine *(Minimum age: 9 months for meningococcal conjugate vaccine (MCV) and 2 years for meningococcal polysaccharide vaccine (MPSV))*
   - MCV is recommended for children aged 9 months to 10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. Use of MPSV is also acceptable.
   - Persons who received MPSV 3 or more years prior and remain at increased risk for meningococcal disease should be vacinated with MCV.

8. Pneumococcal vaccine *(Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])*
   - Administer one dose of PCV 13 to all healthy children aged 24–59 months who are not completely vaccinated for their age.
   - Administer PPSV to children aged 2 years and older with underlying medical conditions. The definition of qualifying medical conditions causing a need for a PPSV dose is contained in the ACIP statement available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4909a1.htm

8. Rotavirus vaccine *(Minimum age: 6 weeks)*
   - Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks or older (i.e. 15 weeks 0 days or older).
   - Administer the final dose in the series by age 8 months 0 days.
   - Only two doses of Rotarix are needed, the first no later than 14 weeks 6 days, and the second no later than 8 months.

8. Varicella vaccine. *(Minimum age: 12 months)*
   - Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
   - Don’t repeat second dose if administered 28 days or more after first dose.
Centennial Care provides the following services to members only when they are medically necessary (needed). Please read carefully since some benefits may have limits or may require your healthcare provider to get approval first. Services provided to those who qualify for long-term care services and supports can never exceed the cost of care if it were provided in a skilled nursing facility.

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

<table>
<thead>
<tr>
<th>Covered Service</th>
<th>Description</th>
<th>Covered for Standard Centennial Care?</th>
<th>Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?</th>
<th>Prior Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied Behavior Analysis (ABA)</td>
<td>Applied behavior analysis (ABA) is a form of therapy used to assist individuals with autism spectrum disorder (ASD) in acquiring, enhancing, or maintaining social, behavioral, and living skills necessary to function successfully within the home and community setting. Presbyterian Centennial Care covers ABA services for children and youth from 12 months to 21 years of age when medically necessary and for a diagnosis of ASD, or those at risk for ASD. If you are not currently receiving services, call Presbyterian Customer Service Center (📞) and tell them that you are seeking</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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### Covered Benefits

<table>
<thead>
<tr>
<th>Covered Service</th>
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<th>Prior Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applied Behavior Analysis (ABA) (Cont.)</strong></td>
<td>services for autism or for a child at risk for developing autism. PHP will also assist with coordinating care with providers if you are currently receiving services. You may be eligible for additional services beyond what you have been receiving to date. Our specialized autism care team can begin to work with you on next steps.</td>
<td></td>
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</tr>
<tr>
<td><strong>Accredited residential treatment center services</strong></td>
<td>Services are provided in an accredited facility that provides 24-hour care in a residential setting. The services are monitored by medical personnel under the direction of a psychiatrist, with a structured treatment program and staff available 24 hours a day. They are for members with a severe emotional disturbance or a substance use disorder who, as a result of their psychiatric disorder are a significant danger to themselves or others.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Limitation:** Services are only available to members under age 21. The need for services
### Covered Benefits

<table>
<thead>
<tr>
<th>Covered Service</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Accredited residential treatment center services (Cont.)</td>
<td>must be identified in the Tot-to-Teen health check or other diagnostic evaluation completed through a health check referral.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Adult day health</td>
<td>Structured therapeutic, social, and rehabilitative services provided by a licensed adult day health facility where certain medically necessary (needed) health services may be provided.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td><strong>Limitation:</strong> At least two (2) hours per day for one or more days per week. Only for those who qualify for Nursing Facility Level of Care and select Agency Based Community Benefits</td>
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</tr>
<tr>
<td>Ambulatory surgical center services (Outpatient surgery)</td>
<td>Healthcare facilities where surgical procedures not requiring an overnight hospital stay are performed.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, surgery may require authorization but facility does not</td>
</tr>
<tr>
<td>Anesthesia for dental services</td>
<td>Covered when necessary for dental procedures.</td>
<td>Yes</td>
<td>Yes- With limitations see page 57</td>
<td>Yes, for select services and dental procedures</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
</table>
| Assertive Community Treatment (ACT) services | These are therapies for people who have a severe mental illness and who have not done well in traditional outpatient treatment. The therapies are:  
- Strength-based and focused on promoting symptom stability  
- Increasing the person’s ability to cope and relate to others  
- Enhancing the highest level of functioning in the community, including learning, working, recreation, and making informed choices  
Services must be provided by a certified ACT provider. | Yes                                   | Yes                                | No                  |
| Assisted living                     | A residential service that includes individualized services such as assistance with activities of daily living services, companion services, medication management, 24-hour on-site response capability to meet scheduled or unpredictable needs of the member, and to provide supervision, safety, and security services to the member. Coverage does not | Yes                                   | Not Covered           | Yes                |
### Covered Benefits

<table>
<thead>
<tr>
<th>Covered Service</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Assisted living (Cont.)</td>
<td>include 24-hour skilled care or supervision or the cost of room and board. <strong>Limitation:</strong> The following services will not be provided to recipients in assisted living facilities: personal care, respite, environmental modifications, emergency response or adult day health. The Assisted Living Program is responsible for all of these services at the assisted living facility and they are included in the cost of room and board. Only for those who qualify for Nursing Facility Level of Care and select Agency Based Community Benefits.</td>
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</tr>
<tr>
<td>Bariatric surgery</td>
<td><strong>Limitation:</strong> One surgery covered per lifetime. Criteria may be applied that considers previous attempts by the member to lose weight, BMI and health status</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Behavioral health day treatment services</td>
<td>This service is a non-residential treatment program designed for children and adolescents under the age of 21 who have emotional, behavioral, and</td>
<td>Yes</td>
<td>Yes for members age 19-20</td>
<td>No</td>
</tr>
</tbody>
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<tr>
<td>Behavioral health day treatment services</td>
<td>Neurobiological or substance use disorder problems and may be at high risk of out-of-home placement. Behavioral health treatment services are provided after school, weekends, or when school is not in session. Services include counseling, parent consumer education, and skills training.</td>
<td>No</td>
<td></td>
<td>No</td>
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<tr>
<td>(Cont.)</td>
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</tr>
<tr>
<td>Behavior management skills development</td>
<td>Services for members under 21 years old who need behavior management intervention. Services are to improve certain unhealthy behaviors and to reduce emotional or behavioral problems. The services also help increase social skills.</td>
<td>Yes</td>
<td>Yes for members age 19-20</td>
<td>No</td>
</tr>
<tr>
<td>services</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Behavior support consultation (BSC)</td>
<td>Assessment, treatment, evaluation and follow-up services to assist the eligible recipient, parents, family enrollees, and/or primary caregivers with coping skills which promote maintaining the eligible recipient in a home environment.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes, for those who qualify for nursing facility level of care</td>
</tr>
<tr>
<td>Covered Service</td>
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<tr>
<td>Behavioral health professional services</td>
<td>These include evaluations, therapy, and tests by licensed practitioners.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Cancer Clinical Trials</td>
<td>This is a course of treatment provided to a patient for the purpose of prevention of reoccurrence, early detection or treatment of cancer.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cardiovascular (Cardiac) rehabilitation</td>
<td><strong>ABP Limitation</strong>: Short term therapy is limited to 36 visits per cardiac event.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Chemotherapy is the use of chemical agents in the treatment or control of disease.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Care coordination</td>
<td>See Page 37.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Case management</td>
<td>This is how Presbyterian helps members with long-term or complex health problems. Our case managers use medical, social, and community resources to help members manage their own health. We work with providers, members, and their families to be sure that members go to the</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Covered Service</td>
<td>Description</td>
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</tr>
<tr>
<td>Case management (Cont.)</td>
<td>hospital or emergency room only when needed. We also make sure that members are using the right medicine.</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Community health workers</td>
<td>See Page 39.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Community transition services</td>
<td>These are one-time set-up expenses for individuals moving from institutions to community settings, or to a living arrangement in a private home where the person is directly responsible for his or her own living expenses. Limitation: Limited to $3,500 per person every five years. To be eligible, a person must have a nursing facility stay of at least 90 days before transition to the community. Only for those who qualify for Nursing Facility Level of Care and select Agency Based Community Benefits</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
</tr>
<tr>
<td>Comprehensive Community Support Services (CCSS)</td>
<td>These are services for members under 21 years of age who are experiencing a serious emotional problem or have a chronic substance use disorder. They are also for members age 19-20</td>
<td>Yes</td>
<td>Yes for members age 19-20</td>
<td>No</td>
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<tr>
<td>Comprehensive Community Support Services (CCSS) (Cont.)</td>
<td>adults with severe mental illness. CCSS coordinates and provides services and resources to the member and the member’s family when needed to promote recovery, rehabilitation, and resiliency. CCSS identifies and addresses the barriers that slow down the development of skills needed for independence, as well as strengths that may help the member and/or family recover. CCSS activities are provided as part of the approved service plan. CCSS also includes the support of a member and/or family in crisis situations. CCSS offers individual interventions to help a member make informed and independent choices.</td>
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</tr>
<tr>
<td>Customized community support services</td>
<td>Services that are designed to offer certain members flexible supports that are related to the participant's qualifying condition or disability, and must be specified on the Care Plan. Services may include participation in congregate community day centers, adult day habilitation, adult day</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
</tr>
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<tr>
<td>Customized community support services (cont.)</td>
<td>health, and other day support models. <strong>Limitation</strong>: Provided at least four (4) or more hours per day, one or more days per week and cannot duplicate community direct support services, employment support services, or any other long-term care service and supports. Only for those who qualify for Nursing Facility Level of Care and select Self-Directed Community Benefits.</td>
<td></td>
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</tr>
<tr>
<td>Dental services</td>
<td>See Page 57. <strong>Limitations</strong> apply for ABP members. Routine dental services only for members in 035/301 category.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, for select services and dental procedures</td>
</tr>
<tr>
<td>Diabetes treatment, including diabetic shoes and supplies</td>
<td>This covers office visits, diabetes education and diabetic supplies including diabetic shoes, Insulin and diabetic oral agents for controlling blood sugar. Diabetic supplies used on an inpatient basis, applied as part of treatment in a practitioner’s care.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, for select services</td>
</tr>
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<tr>
<td>Diabetes treatment, including diabetic shoes and supplies</td>
<td>office, outpatient hospital, residential facility, or a home health service, are covered when separate payment is allowed in these settings.</td>
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<td>(Cont.)</td>
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<tr>
<td>Diagnostic imaging and Therapeutic radiology services</td>
<td>Covered services include medically necessary (needed) imaging exams and radiology services ordered by doctors or other licensed providers. Chemotherapy and radiation therapy are covered. Chemotherapy is the use of chemical agents in the treatment or control of disease. Some examples of these services are X-ray, ultrasound, magnetic resonance imaging (MRI), and computerized tomography (CT) scans, sleep studies, cardiac stress test, physical measurements, performance testing and pathology.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, for select services</td>
</tr>
<tr>
<td>Diagnostic imaging and Therapeutic</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dialysis services</td>
<td>Medicaid covers medically necessary (needed) dialysis services and supplies furnished to members receiving dialysis at home as well as services received from a contracted provider.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
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<tr>
<td>Dialysis services (Cont.)</td>
<td><strong>Limitation:</strong> Members with a need for permanent dialysis will be enrolled in the Medicare program for ongoing coverage.</td>
<td></td>
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</tr>
<tr>
<td>Durable Medical Equipment (DME) and supplies</td>
<td>This is equipment that is medically necessary (needed) for treatment of an illness or accidental injury. It might also be needed to prevent further deterioration. DME is designed for repeated use. It includes items like oxygen equipment, wheelchairs, and crutches. And items to assist with treatment such as casts and splints that are applied by the healthcare practitioner. <strong>ABP Limitation:</strong> Medical supplies such as reagents, test strips, needles, test tapes, and alcohol swabs and Medical supplies that are a necessary component of durable medical equipment, medical supplies applied as part of a treatment in a practitioners office, outpatient hospital, residential facility, and as a home health service,</td>
<td>Yes</td>
<td>Yes- With limitations</td>
<td>Some services may require prior authorization</td>
</tr>
</tbody>
</table>
# Appendix A - Covered Benefits

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<tr>
<td>Equipment (DME) and supplies (Cont.)</td>
<td>and in other similar settings are covered as part of a service (office visit) which are not reimbursed separately. Holter monitors and cardiac event monitors. Not covered for ABP: Disposable medical supplies for use at home such as diapers, under pads, gauze, gloves, dressings, colostomy supplies.</td>
<td></td>
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</tr>
<tr>
<td>Electroconvulsive therapy</td>
<td>ECT is a medical treatment for severe mental illness in which a small, carefully controlled amount of electricity is introduced into the brain, and is used to treat a variety of psychiatric disorders, including severe depression.</td>
<td>Not Covered</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Emergency response device</td>
<td>This provides an electronic device that lets a member get help in an emergency at home and avoid moving to an institution. This may include a portable “help” button that is connected to the member's phone. Limitation: Member must have a land-line phone. Only</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
</tr>
</tbody>
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<tr>
<td>Emergency response device (Cont.)</td>
<td>for those who qualify for Nursing Facility Level of Care.</td>
<td></td>
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</tr>
<tr>
<td>Emergency services</td>
<td>See Page 59.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Employment supports</td>
<td>This includes job development, job seeking, and job coaching support after other vocational rehabilitation support has already been tried.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td><strong>Limitation:</strong> Payment shall not be made for incentive payments, subsidies, or unrelated vocational training expenses. Only for those who qualify for Nursing Facility Level of Care.</td>
<td></td>
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</tr>
<tr>
<td>Environmental modifications</td>
<td>These include the purchase and/or installation of equipment to help an individual stay in their home. These include making physical changes to a member’s home that are necessary to ensure the member’s health, welfare, and safety or improve his independence.</td>
<td>Yes</td>
<td>Not Covered</td>
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<tr>
<td></td>
<td><strong>Limitation:</strong> These services are limited to $5,000 every five years.</td>
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<tr>
<td>Environmental modifications (Cont.)</td>
<td>years. More services may be requested if member’s health and safety needs exceed this limit. Only for those who qualify for Nursing Facility Level of Care.</td>
<td></td>
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</tr>
<tr>
<td>Early and Periodic Screening Diagnostic and Treatment (EPSDT)</td>
<td>See Page 22.</td>
<td>Yes</td>
<td>Yes –age limits see page 22</td>
<td>No</td>
</tr>
<tr>
<td>EPSDT personal care services</td>
<td>These are medically necessary (needed) tasks for a member’s physical or cognitive function. The goal of this care is so the member can avoid being hospitalized and keep his or her function. Basic personal care services consist of bathing; care of the teeth, hair, and nails; help with dressing; help with toileting activities, and help with eating and other nutritional activities when medically necessary (needed).</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
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**Limitation:** These services are limited to members under the age of 21. Only for those who qualify for Nursing Facility Level of Care.
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<td>EPSDT personal care services (Cont.)</td>
<td>Level of Care.</td>
<td></td>
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</tr>
<tr>
<td>EPSDT private duty nursing</td>
<td>These private-duty nursing services include activities, procedures, and treatment for a physical condition, illness, or chronic disability for members who are under the age of 21 who may need direct nursing care at home. <strong>Limitation:</strong> Only for those who qualify for Nursing Facility Level of Care.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
</tr>
<tr>
<td>EPSDT rehabilitation services</td>
<td>These include speech, physical, and occupational therapy services for members under 21 years of age. Presbyterian Centennial Care covers evaluations, individual therapy, and group therapy in an outpatient setting. <strong>Limitation:</strong> Only for those who qualify for home and community based waiver program.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
</tr>
<tr>
<td>Extended care hospitals (long term care hospitals)</td>
<td>Extended care hospitals are not covered. Sometimes these are referred to as long term care hospitals (certified as</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
</tr>
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</tr>
<tr>
<td><strong>Extended care hospitals (long term care hospitals)</strong> (Cont.)</td>
<td>acute care hospitals but focus on care for more than 25 days. <strong>ABP Limitation:</strong> Nursing Facility long-term care stays are not covered by ABP except as a temporary step down level of care following discharge from a hospital prior to being discharged to home. Refer to page 55 for more information.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Family planning</td>
<td>See Page 64.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Family support</td>
<td>Family support services allow the behavioral health team to focus on the family of a member with a serious behavioral health problem. The team does this through a variety of actions that help the families and the member to develop patterns of interaction that promote wellness and recovery over time. These services are for children, youth, and dependent adults with severe emotional disturbances, severe mental illness, or chronic substance use disorder.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>No</td>
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<tr>
<td>Federally qualified health center services</td>
<td>These are federally licensed facilities that provide outpatient services for doctor, radiology, laboratory, nurse practitioners, midwife, preventive, pharmacy, dental, and case management services.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>No</td>
</tr>
<tr>
<td>Habilitative and Rehabilitative Services</td>
<td>Services, including physical, speech and occupational therapy.</td>
<td>Yes</td>
<td>Yes- With limitations</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td><strong>ABP Limitation:</strong> Short-term therapy (two consecutive months) per condition.</td>
<td></td>
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</tr>
<tr>
<td>Hearing aids and related evaluations</td>
<td>Routine hearing screenings and evaluations are covered without authorization when services are done by your PCP (primary care provider). Hearing aids and their accessories and supplies need prior authorization.</td>
<td>Yes</td>
<td>Yes- with limitations see not covered under the Description</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td><strong>ABP Limitation:</strong> For members over the age of 21 includes services by EENT (eye ear nose and throat) or ENT (ear, nose and throat) providers. Diagnosis and treatment for</td>
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<tr>
<td>Hearing aids and related evaluations (Cont.)</td>
<td>conditions of the ear (like: ear wax, raptured ear drums, ear infections, tinnitus, and vertigo) and other medical conditions including diagnosing the cause and extent of hearing loss are covered when medically necessary (needed).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>ABP Limitation</strong>: Hearing testing for the sole purpose of fitting a hearing aid, hearing aids, hearing aid insurance, hearing aid repair, or dispensing fee for hearing aids. Hearing aids and their accessories and supplies are not covered. Hearing testing by an audiologist or a hearing aid dealer is not covered.</td>
<td></td>
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</tr>
<tr>
<td>Home health aide</td>
<td>Services provide total care or help a member in all activities of daily living. The home health aide services help the member in a way that promotes an improved quality of life and a safe environment. Home health aide services can be provided outside the member’s home. Home health aide services must be given</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
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<tr>
<td>Home health aide (Cont.)</td>
<td>under the supervision of a registered nurse or other appropriate professional staff. Nurses must visit the member’s home at least every two weeks to see if goals are being met. <strong>Limitation:</strong> Only for those who qualify for Nursing Facility Level of Care.</td>
<td></td>
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</tr>
</tbody>
</table>
| Home health services | These cover services that are skilled and medically necessary (needed). Services must be ordered by the member’s attending doctor and included in the care plan established by the member’s attending doctor. The plan of care must be reviewed, signed, and dated by the attending doctor.  
- Covered services:  
  - Skilled nursing services  
  - Home health aide services  
  - Physical and occupational therapy services  
  - Speech therapy services | Yes | Yes | Yes |
<table>
<thead>
<tr>
<th>Covered Service</th>
<th>Description</th>
<th>Covered for Standard Centennial Care?</th>
<th>Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?</th>
<th>Prior Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health services</td>
<td><strong>ABP Limitation:</strong> 100 visits per year. A visit cannot exceed four hours.</td>
<td></td>
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<tr>
<td>(Cont.)</td>
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<tr>
<td>Homemaker services</td>
<td>These are provided on an episodic or continuing basis. These services are provided on a when-needed or continuing basis. They help the member with general household tasks and daily activities in the home and the community. Services are not intended to replace support available from a primary caregiver. <strong>Limitation:</strong> An individual may not access assisted living services and homemaker services at the same time and this benefit may not be accessed by members under 21 years of age. Homemaker services should not take the place of home health aide services. Only for those who qualify for Nursing Facility Level of Care and select Self-Directed Community Benefits.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
</tr>
<tr>
<td>Hospice services</td>
<td>These inpatient and in-home hospice services are designed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, inpatient only</td>
</tr>
</tbody>
</table>
### Hospice services (cont.)

To keep you comfortable if you are terminally ill. An approved hospice program must provide these services during a hospice benefit period. Hospice services require prior authorization. You must be a covered member throughout your hospice benefit period.

The hospice benefit period is defined as follows:

- Beginning on the date your provider certifies that you are terminally ill with a life expectancy of six months or less.

- Ending six months after it began, unless you require an extension of the hospice benefit period below, or upon your death.

If you need an extension of the hospice benefit period, the hospice must provide a new treatment plan. Your provider also must reauthorize your medical condition to us. We will not authorize more than one additional hospice benefit.
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Hospice services (cont.)</td>
<td>period. If the hospice recipient requires Nursing Facility level of care, the recipient will have to meet the requirements for receiving Nursing Facility care.</td>
<td></td>
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</tr>
<tr>
<td>Hospital inpatient (including detoxification services)</td>
<td>Hospital stays must be provided under the direction of the member’s PCP (Primary Care Provider) or a consulting provider referred to the member by his PCP (Primary Care Provider). All cases and treatment must be medically necessary (needed). Acute medical detoxification benefits are covered under inpatient services.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hospital services (inpatient hospitalization in a psychiatric unit)</td>
<td>Acute Inpatient Psychiatric Hospitalization is offered in a 24-hour, safe, guarded inpatient unit of a general hospital. It may also be offered in a psychiatric hospital. It is for Members who are a danger to themselves and to others. These Members are acutely and greatly disabled as a result of a psychiatric (mental) health problem. This means they may not be able to go</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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</thead>
</table>
| Hospital services (inpatient hospitalization in a psychiatric unit) (Cont.) | about their normal daily lives. Members needing this level of care get the highest level of psychiatric care, such as:  
  - Exams and testing needed to treat grave mental or drug use disorder problems.  
  - Regular counseling and therapy | | | |
| Indian Health Services                                        | Indian Health Services (IHS) is the primary provider of healthcare services for the Tribal nations and pueblos. Members may self-refer to IHS facilities.                                                | Yes                                  | Yes                                                          | No                  |
| Inpatient hospitalization in freestanding psychiatric hospitals | These services include necessary evaluations and psychological testing for treating severe emotional or substance use disorder. They also include regularly (often) scheduled structured counseling and therapy sessions.  
  **ABP Limitation:** These | Yes                                  | Yes with limitations               | Yes                  |
<table>
<thead>
<tr>
<th>Covered Service</th>
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</thead>
<tbody>
<tr>
<td>Inpatient hospitalization in freestanding psychiatric hospitals (Cont.)</td>
<td>services are only for individuals under 21 years of age.</td>
<td></td>
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</tr>
<tr>
<td>Inpatient rehabilitative services/ facilities</td>
<td>Includes services in a nursing or long-term acute rehabilitation facility/hospital.</td>
<td>Yes</td>
<td>Yes with limitations</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td><strong>ABP Limitation:</strong> Coverage is limited to temporary stays as a step-down level of care from an acute care hospital when medically necessary and the discharge plan for the recipient is the eventual return home.</td>
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<tr>
<td>Intensive Outpatient Program (IOP) services</td>
<td>This is a structured substance use disorder treatment program that can also address co-occurring mental health disorders. These programs typically offer group and individual services of 10-12 hours per week for a period of 3-6 months.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Intermediate care facility/MR</td>
<td>Presbyterian Centennial Care covers inpatient and outpatient services at these specific types of facilities.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Covered Benefits

<table>
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<tr>
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<tbody>
<tr>
<td><strong>Intermediate care facility/MR (Cont.)</strong></td>
<td>• General Service centers: Those provide general service areas as well as special or patient care departments.</td>
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<td></td>
<td>• Special service centers: These centers usually provide direct services to patients. They include departments such as physical therapy and supplies.</td>
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</tbody>
</table>
| **Intravenous (IV) outpatient services**             | Hospital outpatient care includes the use of intravenous (IV) infusions, catheter; changes first aid for IV associated injuries, laboratory and radiology services, and diagnostic and therapeutic radiation, including radioactive isotopes. A partial hospitalization in a general hospital psychiatric unit is considered an outpatient service.  
**ABP Limitation:** Home healthcare IV services: 100 visits per year. A visit cannot exceed four hours. | Yes                                  | Yes                                | No. Some medications may require prior authorization        |
<table>
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<tr>
<td><strong>Laboratory services</strong></td>
<td>These are medically necessary (needed) lab services ordered by doctors or other licensed providers. They are performed by ordering providers or are done under their supervision in an office lab. They also can be performed by a clinical lab. This includes laboratory genetic testing to specific molecular lab tests such as BRCA1 and BRCA2 and similar tests used to determine appropriate treatment. Does not include random genetic screening. <strong>ABP Limitation:</strong> Limited to Triple Serum Test and genetic testing for the diagnosis or treatment of a current illness. Does not include random genetic screening.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, for select services</td>
</tr>
<tr>
<td><strong>Medical services providers</strong></td>
<td>These are medically necessary (needed) services by health professionals for the diagnosis and treatment of an illness or injury as indicated by the member’s condition. These services include office visits, inpatient hospital stays, and</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, for select services</td>
</tr>
<tr>
<td>Covered Service</td>
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</tr>
<tr>
<td><strong>Medical services providers (Cont.)</strong></td>
<td>nursing home visits and physical medicine.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, for some medications only. Not for office visits</td>
</tr>
<tr>
<td><strong>Medication Assisted Treatment (MAT) for alcohol and opioid dependence</strong></td>
<td>This service is treatment for addiction that includes the use of medication along with counseling and other support.</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Midwife services</strong></td>
<td>See Page 75.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Multi-Systemic Therapy (MST) services</strong></td>
<td>This service provides intensive home/family and community based treatment for an individual age 10-18 who has been diagnosed with a serious emotional disturbance and who are at risk of out-of-home placement or are returning home from placement. Specialized therapeutic and rehabilitative interventions are used to address specific areas of need such as substance use disorder, delinquency, and violent behavior. Services are primarily provided in the home, but may also be provided at school and in other community settings.</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Covered Service</td>
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<tr>
<td>Non-accredited residential treatment centers and group homes</td>
<td>Services are provided in a facility that provides 24-hour care in a residential setting. They are monitored by medical personnel under the direction of a psychiatrist. There is a structured treatment program with staff available 24 hours a day. The care is for members with severe emotional disturbance or a substance use disorder that, as a result of their psychiatric disorder, are a significant danger to themselves or others. Limitation: Services are only available to members under age 21. The need for services must be identified in the Tot-to-Teen health check or other diagnostic evaluation completed through a health check referral.</td>
<td>Yes</td>
<td>Yes for members age 19-20</td>
<td>Yes</td>
</tr>
<tr>
<td>Nursing facility services</td>
<td>Presbyterian Centennial Care covers room and board and other necessary services furnished by a skilled nursing facility. We also cover physical, occupational, and speech therapy services provided to a member in a skilled nursing facility.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Covered Service

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Nursing facility services (Cont.)</strong></td>
<td>nursing facility. See page 55 for more information.</td>
<td>[ ]</td>
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</tr>
<tr>
<td><strong>Limitation:</strong> Member must qualify for Nursing Facility Level of Care if they will live there permanently.</td>
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</tr>
<tr>
<td><strong>Nutritional counseling</strong></td>
<td>These services include:</td>
<td>[Yes]</td>
<td>[Yes. See ABP note in the description]</td>
<td>[Yes]</td>
</tr>
<tr>
<td></td>
<td>• Assessment of a member’s nutritional needs</td>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
<tr>
<td></td>
<td>• Development and/or revision of the member’s nutritional plan</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>• Counseling and nutritional intervention</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>• Observing and helping the member implement the nutritional plan</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td><strong>Limitation:</strong> Only for those who qualify for Nursing Facility Level of Care and select Self-Directed Community Benefits.</td>
<td>[ ]</td>
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</tr>
<tr>
<td><strong>ABP Limitation:</strong> Dietary evaluation of counseling as medical management of a documented disease, including obesity.</td>
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</table>
### Appendix A - Covered Benefits

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Nutritional services</td>
<td>These are based on scientifically validated nutritional principles and interventions that are consistent with the member’s physical and medical condition. Covered services include: • Nutritional assessments for all eligible pregnant women and for members under 21 years old under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program. Nutritional assessment is the evaluation of the nutritional needs of a person based on appropriate medical and dietary data to determine nutrient needs. It includes recommendations on appropriate nutritional intake. • Nutritional counseling to or on behalf of members under 21 years old who have been referred for a nutritional need.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>No</td>
</tr>
</tbody>
</table>
### Covered Service

<table>
<thead>
<tr>
<th>Covered Service</th>
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</thead>
<tbody>
<tr>
<td>Occupational therapy/services</td>
<td>These promote fine motor skills, coordination, and integration of the senses. They help the member use adaptive equipment or other technology.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td><strong>ABP Limitation:</strong> Short-term therapy only for a two-month period from the initial date of treatment. Short-term therapy beyond the initial two months may be extended for one period of up to two additional months.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient hospital-based psychiatric services and partial hospitalization</td>
<td>These services are medically necessary (needed) for the diagnosis and/or treatment of a mental illness, as indicated by the member’s condition. Services and stabilization must be for the purpose of diagnostic study or be expected to improve the member’s condition.</td>
<td>Yes</td>
<td>Yes</td>
<td>No, outpatient services provided in hospital setting. Yes, for partial hospitalization.</td>
</tr>
<tr>
<td>Outpatient and partial hospitalization in freestanding psychiatric hospital</td>
<td>These services include: Needed evaluations and psychological testing for the development of the treatment plan. Regularly (often) scheduled counseling</td>
<td>Yes</td>
<td>Yes</td>
<td>No, for outpatient. Yes, for partial hospitalization.</td>
</tr>
</tbody>
</table>

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## Appendix A - Covered Benefits

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</thead>
<tbody>
<tr>
<td>Outpatient and partial hospitalization in freestanding psychiatric hospital (Cont.)</td>
<td>and therapy sessions for members, groups, families or multifamily groups based on individual needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient psychiatric services and partial hospitalization in general hospital setting</td>
<td>These services include: Needed evaluations and psychological testing for the development of the treatment plan. Regularly (often) scheduled counseling and therapy sessions for members, groups, families or multifamily groups based on individual needs.</td>
<td>Yes</td>
<td>Yes</td>
<td>No, outpatient services provided in hospital setting. Yes, for partial hospitalization.</td>
</tr>
<tr>
<td>Outpatient healthcare professional services</td>
<td>These cover outpatient assessments, evaluations, testing, and therapy.</td>
<td>Yes</td>
<td>Yes</td>
<td>No, for evaluations and testing. Some therapies may require prior authorization.</td>
</tr>
<tr>
<td>Personal care services</td>
<td>These are medically necessary (needed) tasks relating to a member’s physical or cognitive function. The goal of these services is to help the member avoid</td>
<td>Yes</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
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<tr>
<td><strong>Personal care services</strong></td>
<td>institutionalization and maintain his level of function. A member may direct who provides their personal care services.&lt;br&gt;&lt;br&gt;<strong>Limitation:</strong> These services will not be provided 24 hours per day. Only for those who qualify for Nursing Facility Level of Care and select Agency Based Community Benefits.</td>
<td></td>
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</tr>
<tr>
<td><strong>Pharmacy services</strong></td>
<td>See Page 69. Certain over-the-counter drugs are covered, such as prenatal drug items (examples – vitamins, folic acid; iron), low dose aspirin as preventative for cardiac conditions; contraception drugs and devices, and items for treating diabetes.&lt;br&gt;&lt;br&gt;Over the counter medicines may be considered for coverage only when the item is considered more medically or economically appropriate than a prescription drug, contraceptive drug or device, or for treating diabetes.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, for select medications</td>
</tr>
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<tbody>
<tr>
<td>Physical health services</td>
<td>These include primary and specialty health services provided by a licensed provider performed within the scope of practice.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Physical therapy services</td>
<td>These services promote gross and fine motor skills, help with independent functioning and prevent progressive disabilities. <strong>ABP Limitation:</strong> Short-term therapy only for a two-month period from the initial date of treatment. Short-term therapy beyond the initial two months may be extended for one period of up to two additional months.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Physician visits</td>
<td>These are provider services required by members to maintain good health. They include but are not limited to periodic exams and office visits provided by licensed providers.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Podiatry services</td>
<td>These are only medically necessary (needed) podiatric services given by providers, as required by the member’s condition.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Covered Service</td>
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<tr>
<td>Podiatry services (Cont.)</td>
<td>Covered services include</td>
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<td></td>
<td>• Routine foot care when there is evidence of a systemic condition,</td>
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<td>circulatory distress, or areas of diminished sensation in the feet</td>
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<td>demonstrated through physical or clinical exam</td>
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<td></td>
<td>• Routine foot care, non-surgical and surgical correction of a subluxated</td>
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<td></td>
<td>foot structure</td>
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<td></td>
<td>• Treatment of warts on the feet</td>
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<td>• Treatment of asymptomatic nails with a fungal infection may be covered</td>
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<td>Orthopedic shoes and other supportive devices only when the shoe is an</td>
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<td>integral part of a leg brace or therapeutic shoes furnished to diabetics.</td>
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<tr>
<td>Pregnancy termination procedures</td>
<td>See Page 74.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Preventive services</td>
<td>See Page 118.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
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</tr>
<tr>
<td>Private duty nursing for adults</td>
<td>These services include activities, procedures, and treatment for conditions or illnesses for members who are 21 years of age or older with off-and-on or extended direct nursing care in the member’s home. Limitation: Only for those who qualify for Nursing Facility Level of Care.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
</tr>
<tr>
<td>Prosthetics and orthotics</td>
<td>Prosthetics and orthotics supplied by providers are covered only when certain requirements or conditions are satisfied. Prosthetic devices are replacements or substitutes for a body part or organ, such as an artificial limb or eye. Orthotic devices support or brace the body, such as trusses, compression custom-made stockings, and braces. ABP Limitation: Foot orthotic, including shoe and arch supports, are only covered when an integral part of a leg brace or diabetic shoes.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, for select prosthetics and orthotics</td>
</tr>
<tr>
<td>Covered Service</td>
<td>Description</td>
<td>Covered for Standard Centennial Care?</td>
<td>Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?</td>
<td>Prior Authorization</td>
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<tr>
<td><strong>Psychosocial rehabilitation program</strong></td>
<td>These services are for individuals diagnosed with a serious mental illness or a severe emotional disturbance. The services focus on the strengths of individuals to help them manage their illness. The services also help individuals to develop a supportive environment. The assessment and care plans are designed to reduce symptoms and restore basic skills the member needs to function independently.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Pulmonary rehabilitation / therapy</strong></td>
<td><strong>ABP Limitation:</strong> short term therapy (two consecutive months) per condition.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Radiology facilities</strong></td>
<td>Facilities where diagnostic imaging and therapeutic radiology services are provided.</td>
<td>Yes</td>
<td>Yes</td>
<td>No, but certain tests require authorization</td>
</tr>
<tr>
<td><strong>Recovery services</strong></td>
<td>Recovery services are peer-to-peer support. This is done in a group setting. The group setting helps develop and enhance wellness and healthcare practices. The service will focus on individual</td>
<td>Yes</td>
<td>Not Covered</td>
<td>No</td>
</tr>
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</table>
### Covered Benefits

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Recovery services (Cont.)</td>
<td>wellness, recovery, and resiliency. The service will also focus on relapse prevention and disease management. These services are for members with serious mental illness or chronic substance use disorder. See Managing Your Overall Wellness and Recovery and Wellness on Page 53.</td>
<td></td>
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</tr>
</tbody>
</table>
| Related goods         | Related goods are equipment, supplies, fees, and memberships. Related goods must address a need identified in the member’s care plan. This includes improving and maintaining the member’s opportunities for full membership in the community. The goods must meet the following requirements:  
  - Be responsive to the member’s qualifying condition or disability  
  - Help the member with household management  
  - Help with normal daily activities  
  - Promote personal safety and health  
  - Help the member reach | Yes | Not Covered | Some services may require prior authorization |
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<tr>
<td>Related goods (Cont.)</td>
<td>greater independence</td>
<td></td>
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<td></td>
<td>• Advance the desired outcomes in the member’s care plan</td>
<td></td>
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<td></td>
<td>Related goods will be monitored carefully to avoid abuses or inappropriate use.</td>
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<td></td>
<td><strong>Limitation:</strong> Experimental or prohibited treatments and goods are excluded. Only for those who qualify for Nursing Facility Level of Care and select Self-Directed Community Benefits.</td>
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</tr>
<tr>
<td>Reproductive health services</td>
<td>See Page 64.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Respite-</td>
<td>Behavioral Health respite is available to members up to 21 years of age who are diagnosed with a serious emotional or behavioral health disorder whose primary caregivers typically are the same people every day. The service involves the supervision and/or care of children and youth living at home to provide rest and relief to the person and/or their primary caregivers.</td>
<td>Yes</td>
<td><strong>Not Covered</strong></td>
<td>No</td>
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<tbody>
<tr>
<td>Respite-Behavioral Health (cont.)</td>
<td>Limitation: Respite services are limited to a maximum of 720 hours per year (30 days).</td>
<td></td>
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</tr>
<tr>
<td>Respite-Community Benefit</td>
<td>Respite is a limited leave of absence for a primary caregiver in order to reduce stress, accommodate caregiver illness, or meet a sudden family crisis or emergency. Respite services may be provided in the member’s home, in the respite provider’s home and in the community. Limitation: Respite services are limited to a maximum of 100 hours per Care Plan year.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| Rural Health Clinic (RHC) services   | These include the following:  
  - Medically necessary (needed) diagnostic and therapeutic services, supplies and treatment of medical conditions, including family planning services  
  - Lab and diagnostic imaging services for diagnosis and treatment  
  - Surgical procedures,                                                                 | Yes                                  | Yes                                                             | Services provided by RHC will have same requirements as other providers |
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</table>
| Rural Health Clinic (RHC) services (Cont.) | emergency room physician services, and inpatient hospital visits furnished at different facilities  
• Visiting nurse services  
• Vision services, including exams and eyeglasses  
• Hearing aids and hearing evaluations  
• Psychological services  
• Rural health drug, pharmacy, and dental services | | | | |
| School-based services                  | These are for members under 21 years old for treatment of a medical or behavioral health condition. Medically necessary (needed) services are performed in a school setting.  
**Limitation:** Behavioral health counseling, evaluation, and therapy are not covered when part of an individual education plan (IEP). | Yes | Not Covered | No |
| Skilled maintenance therapy services    | This includes physical therapy (PT), occupational therapy (OT) or speech and language therapy (SLT) for members 21 |

Call Presbyterian Customer Service Center  
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In Albuquerque (English and Spanish): (505) 923-5200  
Outside of Albuquerque (English and Spanish): 1-888-977-2333  
TTY: 711  
Navajo/Diné in Albuquerque: (505) 923-5157  
Navajo/Diné outside Albuquerque: 1-888-806-8793
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<tr>
<td>Skilled maintenance therapy services (Cont.)</td>
<td>years and older. These services are an extension of therapy services provided for acute and temporary conditions that are provided with the expectation that the member will improve greatly in a reasonable and generally predictable time. They focus on maintenance, community integration, socialization, and exercise. They also enhance support and normal function of family relationships. <strong>Limitation:</strong> A signed therapy referral for treatment must be obtained from the recipient’s primary care physician. The referral will include frequency, estimated duration of therapy, and treatment/procedures to be rendered. Only for those who qualify for Nursing Facility Level of Care.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Skilled nursing</td>
<td>Skilled nursing is generally provided only through a home health agency. However, it can also be provided through private duty nursing. <strong>ABP Limitation:</strong> 100 visits per year. A visit cannot exceed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
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<tr>
<td>Skilled nursing (Cont.)</td>
<td>four hours when provided through a home health agency.</td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Tobacco cessation/tobacco services</td>
<td>These include diagnostic services, tobacco/smoking cessation counseling and pharmacotherapy. Group counseling, including classes or a telephone Quit Line, are covered when offered by an in-network provider. Some organizations, such as the American Cancer Society and the Tobacco Use Prevention and Control (TUPAC), offer group counseling services at no charge. Tobacco/smoking cessation pharmacotherapy is prescription drugs/medications prescribed by your provider for a 30-day supply up to the maximum dose recommended by the manufacturer. These medications can be purchased at a pharmacy.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Specialized behavioral health services for adults</td>
<td>These include Intensive Outpatient (IOP), Assertive Community Treatment (ACT) and Psychosocial Rehabilitation (PSR).</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
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</table>
| Specialized therapies | These are non-experimental therapies or techniques that have been proven effective for certain conditions. A member may include specialized therapies in his care plan when the services will help the member improve his ability to be included in community activities and avoid being admitted into a hospital or other institution. To be covered, services must:  
- Be related to the member’s disability or condition  
- Ensure the member’s health and welfare in the community  
- Supplement rather than replace the member’s natural supports and other community services for which the member may be eligible  

**Limitation:** Only for those who qualify for Nursing Facility Level of Care and select Self-Directed Community Benefits. | Yes | Not Covered | Yes |

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<tbody>
<tr>
<td>Speech and language therapy</td>
<td>This is a covered benefit for members under the age of 21. The services must be provided by speech and language pathologists, physical therapists, and occupational therapists. Services must be prescribed or ordered by the member’s PCP Primary Care Provider or other doctor.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td><strong>ABP Limitation</strong>: Short-term therapy only for a two-month period from the initial date of treatment. Short-term therapy beyond the initial two months may be extended for one period of up to two additional months.</td>
<td></td>
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</tr>
<tr>
<td>Buprenorphine hcl/Naloxone hcl (Suboxone) treatment</td>
<td>Specialized treatment for opioid addiction using <strong>buprenorphine hcl/naloxone hcl</strong> or buprenorphine medication by physicians who have <strong>Buprenorphine hcl/naloxone hcl</strong> certification. There are three phases of treatment: assessment, induction, follow-up maintenance. Only two office-based</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, for more than two office-based inductions within a year.</td>
</tr>
</tbody>
</table>
## Appendix A - Covered Benefits

<table>
<thead>
<tr>
<th>Covered Service</th>
<th>Description</th>
<th>Covered for Standard Centennial Care?</th>
<th>Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Buprenorphine hcl/ Naloxone hcl (Suboxone) treatment (Cont.)</strong></td>
<td>inductions per rolling 12-month period are allowed without an authorization. Any additional inductions will require a prior authorization. Members must be at least 16 years old.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surgical services</strong></td>
<td>Procedures that involves cutting of a patient's tissues to investigate or treat a disease.</td>
<td>Yes</td>
<td>Yes</td>
<td>Some surgeries require prior authorization</td>
</tr>
<tr>
<td><strong>Telehealth services</strong></td>
<td>An interactive telehealth communication system that must include both interactive audio and video. It must be delivered on a real-time basis at the original site and distant sites. Providers may use telehealth when it is available for the following services: • Consultations • Evaluation and management services • Individual psychotherapy • Pharmacologic management • Psychiatric diagnostic interview exams • End-stage renal disease-related services • Individual medical nutrition services</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Covered Service</td>
<td>Description</td>
<td>Covered for Standard Centennial Care?</td>
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</tr>
<tr>
<td>Tot-to-Teen health checks (Preventive Healthcare Guidelines)</td>
<td>See Page 118.</td>
<td>Yes</td>
<td>Not Covered</td>
<td>No</td>
</tr>
<tr>
<td>Transplant services</td>
<td>These include hospital, doctor, laboratory, outpatient surgical, and other covered services needed to perform a transplant. Services are covered if not considered experimental or investigational. <strong>ABP Limitation:</strong> Two per lifetime.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| Transportation services (medical)                    | Presbyterian covers expenses for transportation and other related expenses which are determined as necessary to secure Medicaid-covered medical examinations and treatment for eligible recipients in or out of their home.  
  - Travel expenses include the cost of transportation by public transportation, taxicab, handivan, and ground or air ambulance.  
  - Related travel expenses include the cost of meals and lodging made | Yes                                   | Yes, for medical only                                           | Yes                |
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<tr>
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<tr>
<td>Transportation services (medical) (Cont.)</td>
<td>necessary by receipt of medical care away from the recipient’s home community. When medically necessary (needed), Medicaid covers similar expenses for an attendant who accompanies the recipient to the medical examination or treatment.</td>
<td></td>
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</tr>
<tr>
<td>Transportation services (non-medical)</td>
<td>Services that are offered in order to enable participants to gain access to certain long term care benefits and other community services, activities and resources, as specified in the Care Plan. <strong>Exclusions:</strong> Not to be used for transportation to medical appointments, etc. and not to be used for purposes of vacation. <strong>Limitation:</strong> Only for those who qualify for Nursing Facility Level of Care and select Self-Directed Community Benefits.</td>
<td>Yes</td>
<td><strong>Not Covered</strong></td>
<td>No</td>
</tr>
<tr>
<td>Treatment Foster Care I and II</td>
<td>These services are available to children and adolescents under age 21 who are</td>
<td>Yes</td>
<td><strong>Yes for EPSDT age</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Covered Service</td>
<td>Description</td>
<td>Covered for Standard Centennial Care?</td>
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</tbody>
</table>
| Treatment Foster Care I and II (Cont.) | diagnosed with a severe emotional disturbance. Services are provided by placing the child/adolescent in a 24-hour community-based supervised, trained, surrogate family through a FCT placement agency. These are covered when included in individualized treatment plans that are designed to help members develop skills needed for successful reintegration into the natural family or transition into the community.  

**Limitation:** Services are only available to members under age 21. The need for services must be identified in the Tot-to-Teen health check or other diagnostic evaluation completed through a health check referral. | Yes                                  | Yes                               | No                  |                                                                                                                                 |
| Video Visits                    | Talk with a medical provider day or night using your smartphone, tablet, or computer webcam. This service is free.  

**Important:** If you have a | Yes                                  | Yes                               | No                  |                                                                                                                                 |
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<tr>
<td>Video Visits (Cont.)</td>
<td>medical emergency, call 911 or go to the nearest emergency room (ER). Presbyterian Video Visit providers cannot prescribe narcotics or certain other types of medications. Please consult with your health plan provider for these types of medications.</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Vision services</td>
<td>The diagnoses and treatment of eye diseases and the correction of vision problems. Certain types of glasses are not covered. See the Non-covered Benefits list. <strong>ABP Exclusion:</strong> Refractions are not covered. <strong>ABP Limitation:</strong> Eyeglasses and contact lenses are only covered for aphakia (this means after the removal of the lens of an eye). <strong>Category 035/301 – Not covered</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Appendix B - Non-Covered Benefits

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

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

Experimental or investigational procedures, prohibited treatments, technologies or non-drug therapies and related services including medicines, devices, or diagnostic genetic testing (except for cancer trials) are not covered.

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

- The drug or device cannot be lawfully marketed without approval of the Federal Drug Administration (FDA) and approval for marketing has not been given at the time the drug or device is furnished; or
- Reliable evidence shows that the drug, device or medical treatment or procedure is the subject of on-going phase I, II, or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy, or its efficacy as compared with the standard means of treatment or diagnosis; or
- Reliable evidence shows that the consensus of opinion among experts regarding the drug, medicine, and/or device, medical treatment, or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, or its efficacy as compared with the standard means of treatment or diagnosis; or
- Except as required by state law, the drug or device is used for a purpose that is not approved by the FDA; or
- Testing is covered when medically proven and appropriate, and when the results of the test will influence the medical
management of the patient and if approved by the FDA. Routine genetic testing is not covered; or

- For the purposes of this section, “reliable evidence” shall mean only published reports and articles in the authoritative medical and scientific literature listed in state law; the written protocol or protocols used by the treating facility or the protocol(s) of another facility studying substantially the same drug, device or medical treatment or procedure; or the written informed consent used by the treating facility or by another facility studying substantially the same drug, device or medical treatment or procedure; or

- As used in this section, “experimental” or “investigational” does not mean cancer chemotherapy or other types of therapy that are the subjects of on-going phase IV clinical trials.

- Eyeglass cases
- Eyeglass or contact lens insurance
- Hearing aids (not covered for ABP members only)
- Hearing aid checks
- Herbal or alternative medicine and holistic supplements
- Hippotherapy (may be available to SDCB members only*)
- If the surgery is not covered, then the anesthesia is not covered
- Dental implants and implant-related services
- Immunizations for the purpose of foreign travel, flight or passports
- In-vitro fertilization
- Laser vision correction (unless it is medically necessary [needed])
- Low-vision aids
- Massage therapy (may be available to SDCB members only*)
- Mastique or veneer procedures
- Medical services provided to a person who is an inmate of a public institution
• Medication supplied by state mental hospitals to members on convalescent leave from the center
• Medical marijuana
• Milieu therapy
• Naprapathy (may be available to SDCB members only*)
• Native American healers (except for Value Added Services) (may be available to SDCB members*)
• Occlusal adjustments, disking, overhang removal or equilibration
• Oral preparations, including topical fluorides dispensed to an member for home use
• Oral or injectable medications used to help you get pregnant
• Orthoptic assessment and treatment
• Orthotic supports for the arch or other supportive devices for the foot, unless they are essential parts of a leg brace or therapeutic shoes for diabetics
• Over-the-counter (OTC) drugs, unless listed on our formulary or listed as covered for ABP members
• Permanent fixed bridges
• Personal care items such as non-prescription shampoo and soap
• Personal care items, like toothbrushes and television sets in hospital rooms
• Photographic procedures, such as fundus or retinal photography and external ocular photography (except for diabetic retinopathy screening)
• Play therapy (may be available to SDCB members*)
• Polycarbonate lenses other than for prescriptions for high acuity
• Procedures for desensitization, re-mineralization, or tooth bleaching
• Procedures, appliances, or restorations solely for aesthetic or cosmetic purposes
• Progressive lenses
• Prosthetic devices or implants used mostly for cosmetic purposes
Appendix B - Non-Covered Benefits

- Removable unilateral cast metal partial dentures
- Reversal of voluntary sterilization (tubal ligation or vasectomy)
- Routine foot care (unless medically justified in the medical record)
- Services beyond an initial evaluation that are given without prior authorization
- Services for surrogate mothers
- Services not included in written plans of care established by doctors in consultation with the home health agency staff
- Services performed or prescribed under the direction of a person who is not a healthcare provider
- Services provided by non-licensed counselors, therapists, or social workers
- Services that are not in the member’s approved treatment plan and that don’t have prior authorization
- Services that were not prior authorized
- Services outside the United States
- Skilled nursing services that are not supervised by registered nurses (RNs)
- Some adult dental services
- Some durable medical equipment
- Sterilization reversals
- Tinted or photochromic lenses, oversize frames, and oversize lenses
- Transportation for a companion (a child under age 18 or other family member or friend who is not a qualified attendant)
- Treatment for personality disorder
- Treatment of mental retardation alone
- Treatment of temporomandibular joint (TMJ) disorders, bite openers, and orthotic appliances
- Trifocals
- Ultraviolet (UV) lenses
Appendix B - Non-Covered Benefits

- Vaccinations, drugs and immunizations for the primary intent of medical research or non-medically necessary purpose(s) such as, but not limited to, licensing, certification, employment, insurance, or functional capacity examinations related to employment
- Weight-loss drugs

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

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

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TTY: 711  
Navajo/Diné in Albuquerque: (505) 923-5157  
Navajo/Diné outside Albuquerque: 1-888-806-8793
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>HMO</td>
<td>Health Maintenance Organization</td>
</tr>
<tr>
<td>HA</td>
<td>Health Assessment</td>
</tr>
<tr>
<td>HSD</td>
<td>New Mexico Human Service Department</td>
</tr>
<tr>
<td>IT/U</td>
<td>Indian Health Service/Tribal health providers/Urban Indian providers</td>
</tr>
<tr>
<td>IEP</td>
<td>Individual education plan</td>
</tr>
<tr>
<td>IOP</td>
<td>Intensive outpatient program</td>
</tr>
<tr>
<td>ISD</td>
<td>Income Support Division</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine device</td>
</tr>
<tr>
<td>IV</td>
<td>Intravenous</td>
</tr>
<tr>
<td>MAD</td>
<td>Medical Assistance Division</td>
</tr>
<tr>
<td>MCO</td>
<td>Managed Care Organization</td>
</tr>
<tr>
<td>MRI</td>
<td>Magnetic resonance imaging</td>
</tr>
<tr>
<td>MST</td>
<td>Multi-systemic therapy</td>
</tr>
<tr>
<td>NMCAL</td>
<td>New Mexico Crisis and Access Line</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational therapy</td>
</tr>
<tr>
<td>OTC</td>
<td>Over the counter</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider/Practitioner</td>
</tr>
<tr>
<td>PHI</td>
<td>Protected Health Information</td>
</tr>
<tr>
<td>PT</td>
<td>Physical therapy</td>
</tr>
<tr>
<td>RHC</td>
<td>Rural Health Clinic</td>
</tr>
<tr>
<td>RTC</td>
<td>Residential Treatment Center</td>
</tr>
<tr>
<td>SDCB</td>
<td>Self-Directed Community Benefit</td>
</tr>
<tr>
<td>SLT</td>
<td>Speech and language therapy</td>
</tr>
<tr>
<td>SSI</td>
<td>Social Security Income</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI</td>
<td>Sexually transmitted infections</td>
</tr>
<tr>
<td>TUPAC</td>
<td>Tobacco Use Prevention and Control</td>
</tr>
<tr>
<td>UV</td>
<td>Ultraviolet</td>
</tr>
<tr>
<td>WDI</td>
<td>Working disabled Individual</td>
</tr>
</tbody>
</table>
# Appendix D - Telephone Numbers and Websites

## Telephone Numbers

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthing Options Program</td>
<td>1-866-672-1242</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>(505) 923-8858</td>
</tr>
<tr>
<td></td>
<td>1-866-672-1242 (toll-free)</td>
</tr>
<tr>
<td>Presbyterian Customer Service Center (English and Spanish)</td>
<td>(505) 923-5200 (In Albuquerque)</td>
</tr>
<tr>
<td></td>
<td>1-888-977-2333 (toll-free) (Outside Albuquerque)</td>
</tr>
<tr>
<td>Presbyterian Customer Service Center (Navajo/Diné)</td>
<td>(505) 923-5157 (in Albuquerque)</td>
</tr>
<tr>
<td></td>
<td>1-888-806-8793 (toll-free) (Outside Albuquerque)</td>
</tr>
<tr>
<td>Presbyterian Customer Service Center (Deaf or hard of hearing)</td>
<td>TTY: 711</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>911</td>
</tr>
<tr>
<td>Fraud and Abuse Hotline</td>
<td>(505) 923-5959 (In Albuquerque)</td>
</tr>
<tr>
<td></td>
<td>1-800-239-3147 (toll-free) (Outside Albuquerque)</td>
</tr>
<tr>
<td>Human Services Department Fair Hearing Bureau</td>
<td>(505) 476-6213 (In Santa Fe)</td>
</tr>
<tr>
<td></td>
<td>1-800-432-6217 press 6 (Outside Santa Fe)</td>
</tr>
<tr>
<td>New Mexico Crisis and Access Line</td>
<td>1-855-662-7474 (1-855-NMCRISIS)</td>
</tr>
<tr>
<td>New Mexico Immunization Hotline</td>
<td>1-800-232-4636</td>
</tr>
<tr>
<td>New Mexico Human Services Income Support Division</td>
<td>1-800-283-4465 (toll-free)</td>
</tr>
<tr>
<td>Ombudsman</td>
<td>(505) 923-5780</td>
</tr>
</tbody>
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### Websites

<table>
<thead>
<tr>
<th>Name</th>
<th>URL</th>
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</thead>
<tbody>
<tr>
<td>Childhood Immunization Schedule</td>
<td><a href="http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html">http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html</a></td>
</tr>
<tr>
<td>Formulary</td>
<td><a href="http://www.hsd.state.nm.us/LookingForAssistance/Field_Offices_1.aspx">www.phs.org/centennialcare</a></td>
</tr>
<tr>
<td>Income Support Division County Office Locator</td>
<td><a href="http://www.hsd.state.nm.us/LookingForAssistance/Field_Offices_1.aspx">http://www.hsd.state.nm.us/LookingForAssistance/Field_Offices_1.aspx</a></td>
</tr>
<tr>
<td>Member Rights &amp; Responsibilities</td>
<td><a href="http://www.phs.org/Pages/member-rights.aspx">www.phs.org/Pages/member-rights.aspx</a></td>
</tr>
<tr>
<td>Patient Rights</td>
<td><a href="http://www.phs.org/Pages/patient-rights.aspx">www.phs.org/Pages/patient-rights.aspx</a></td>
</tr>
<tr>
<td>Presbyterian Centennial Care Website</td>
<td><a href="http://www.phs.org">www.phs.org</a></td>
</tr>
<tr>
<td>Privacy and Security Policies and Guidelines</td>
<td><a href="http://www.phs.org/Pages/privacy-security.aspx">www.phs.org/Pages/privacy-security.aspx</a></td>
</tr>
<tr>
<td>Provider Directory</td>
<td><a href="http://www.phs.org/centennialcare">www.phs.org/centennialcare</a></td>
</tr>
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