

BlueSaludSM
2010-2011
Handbook for Individuals
With Special Health Care Needs



**Blue Cross and Blue Shield
of New Mexico**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
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Handbook for Individuals with Special Health Care Needs

Blue Cross and Blue Shield of New Mexico (BCBSNM) knows that you face extra challenges as a person with special health care needs, or as the parent or guardian of a child with special health care needs. We can help.

This handbook will help you understand how to get the care you need. We will also help you get the resources you need through our large network of health care professionals.

Customer Service

If this handbook does not answer your questions, BlueSalud Customer Service can help:

1-866-689-1523 (English and Spanish)

Monday – Friday: 6 a.m. to 8 p.m.

Saturday: 8 a.m. to 5 p.m.

Outside of these hours, you can leave a voicemail. Your call will be returned the next business day.

TDD for hearing impaired: 1-888-872-7568

24/7 Nurseline: 1-800-973-6329

You can talk with a Customer Advocate Monday through Saturday. If you call after business hours, your call will be answered by our automatic phone system. You can use this system to:

- ✓ Leave a message for us to call you back in the morning
- ✓ Leave a message saying that you have a complaint or appeal
- ✓ Talk to a nurse at the 24/7 Nurseline right away if you have a health question

You may also send us an e-mail at www.bcbsnm.com. Select *Contact Us* on the home page.

Please see your BlueSalud Member Handbook for more information about your benefits. A handbook was included in your new member packet. If you need another one, call Customer Service. You can also see the member handbook online at www.bcbsnm.com/bluesalud/benefits.htm.

Behavioral Health

BlueSalud behavioral health benefits are provided by OptumHealth New Mexico, not BCBSNM. If you have questions about them, call OptumHealth New Mexico at 1-866-660-7185.

Translation Services

BlueSalud has translation services for many languages. Some of our Customer Advocates speak Spanish. When you call Customer Service, ask to be helped in the language you need.

If your doctor does not speak your language, translation services are available. There is no cost to you.

BlueSalud also has written member information in Spanish. To get that information in Spanish or in another language, call Customer Service at 1-866-689-1523.

Identifying Individuals with Special Health Care Needs

How do I know if I (or my child) is an Individual with Special Health Care Needs?

Children with Special Health Care Needs:

- ✓ Are under age 21
- ✓ Have a higher risk for an ongoing physical, developmental, neurobiological, mental, and/or behavioral/emotional health conditions
- ✓ Need health care and related services that are different than what most children need. They may need to see their doctor more often. They may take many different medicines. Or they may need therapies more often.

BlueSalud uses these standards to identify Children with Special Health Care Needs:

- ✓ Children who are eligible for Supplemental Security Income (SSI) and identified as disabled under Title XVI
- ✓ Children identified in the Department of Health (DOH) Title V Children's Medical Services Program
- ✓ Children participating in Home and Community Waivers

- ✓ Children receiving foster care or adoption support through Title IV-E
- ✓ Children placed in foster care or other out-of-home placement
- ✓ Children who are eligible for services through the Individuals with Disabilities Education Act (IDEA)
- ✓ Children who are identified as having special health care needs by their primary care doctor, their parents, or from the BlueSalud plan (member information)

Adults with Special Health Care Needs:

- ✓ Have ongoing physical, mental, neurobiological, emotional, and/or behavioral health conditions
- ✓ Need health care and related services that are different from what most people need. They may need to see doctors more often. They may take many different medicines. Or they may need therapies more often.
- ✓ Have trouble taking care of themselves

Many health conditions may make a person eligible for special health care needs services. Here are a few examples:

- ✓ Cerebral palsy
- ✓ Mental retardation
- ✓ Developmental delay
- ✓ Parkinson's
- ✓ Alzheimer's dementia
- ✓ Multiple sclerosis
- ✓ Muscular dystrophy
- ✓ Quadriplegia/quadriparesis
- ✓ Paraplegia/paraparesis
- ✓ Hemiplegia/hemiparesis
- ✓ Autism
- ✓ Cystic fibrosis

Resources and Covered Services

This handbook tells you how to get health care for your special health care needs. We understand that the information can be confusing. If you need help, please call Customer Service at:

1-866-689-1523 (English and Spanish)

As a member with special health care needs, you may need help from a Care Coordinator (CC) and/or Case Manager (CM). You may call Customer Service and ask to have your needs assessed by a CC. You can then decide if you want to use the services to help you with your health care. See more about CCs and CMs on page four.

How can I ensure I get the health care I need?

If you want help getting medical care, you can call Customer Service or your CC.

What services are available through BlueSalud?

You can get all the services available to BlueSalud members. They are listed under "Covered Services" in your **Member Handbook**.

As a member with special health care needs, you may also get:

- ✓ Care coordination
- ✓ Therapies (such as physical, occupational, and speech therapy)
- ✓ Medical equipment
- ✓ Transportation
- ✓ Children identified with special health care needs can also receive case management and help with personal care, if qualified for services such as feeding, bathing, toileting, and dressing
- ✓ Preventive health care for children under the Early and Periodic Screening Diagnostic and Treatment (EPSDT) Program. Find out more about EPSDT by calling Customer Service.

Your doctor can help you decide if you need these services. Your doctor or CC can help you sign up for these services.

Community Resources Available To You

MS/ALS Caregivers Support Group

(505) 872-9301

Information and support for people living with ALS

American Cancer Society

(505) 260-2105

Information and support resource

American Diabetes Association
(505) 266-5716
Information and support resource

American Lung Association
(505) 265-0732 or 1-800-586-4872
Information and support resource

ARC of New Mexico
(505) 883-4630 or 1-800-358-6493
Statewide organization for individuals with developmental disabilities and their families

Brain Injury Association of New Mexico
(505) 292-7414 or 1-888-292-7415
Statewide organization that provides advocacy, education, and support to survivors of traumatic brain injury and to their families

Center for Development and Disability, University of New Mexico
(505) 272-3000
Center for excellence in developmental disabilities education, research, and service

Department of Health – Family Planning Program
(505) 476-8882

Cystic Fibrosis Foundation
(505) 883-1455
Information and support resource

Epilepsy Support Group
(505) 872-2615
Albuquerque-based support group offering emotional support and information

Family Voices
(505) 872-4774
Statewide organization that provides medical and coverage information to parents of Children with Special Health Care Needs

Family, Infant, Toddler Program (FIT)
(505) 476-8868 or 1-877-890-4692

High Desert Family Services
(505) 823-4530
Services for children and adults with disabilities

National Multiple Sclerosis Society, Rio Grande Division
(505) 244-0625
Statewide advocacy group and information resource with support groups for multiple sclerosis

National Spanish Language Suicide Hotline
1-800-SUICIDA (784-2432)

New Mexico AIDS Services
(505) 938-7100 or 1-888-882-2437
Organization offering education, information, client services, and support

New Mexico Autism Society
(505) 332-0306
Nonprofit group of parents and professionals who help people of all ages diagnosed with autism and their families

New Mexico Commission for the Blind
(505) 841-8844 or 1-888-513-7958
Statewide information and support resource

Para Los Niños
(505) 272-6849
Program for children through the University of New Mexico

New Mexico Family Network
(505) 265-0430 or 1-800-273-7232
Albuquerque-based support group for parents of children with emotional and behavioral differences

Parents Reaching Out
(505) 247-0192
Advocacy and information resource center for parents of children with disabilities

Sickle Cell Council of New Mexico
(505) 254-9550
Statewide advocacy group and information resource that has support groups for people with sickle cell anemia

Southwest Autism Network at the Center for Development, University of New Mexico
(505) 272-1852 or 1-800-270-1861
Offers family support, technical assistance, and training to parents and professionals across the state

UNM Programs for Children

(505) 272-2190

Provides mental health and case management services for children in the Albuquerque area

Getting Special Health Care through BlueSalud

What is a Care Coordinator/Case Manager?

A Care Coordinator (CC) or Case Manager (CM) helps you get the health care services you need. CCs and CMs have two important jobs:

- ✓ They help everyone involved in your care understand your medical and behavioral health needs.
- ✓ They work with you and the right providers to make sure you get all the care you need.

How do I know if I (or my child) need a CC/CM?

To help you find out if you need a CC/CM, call Customer Service and ask to speak with a CC. The CC will ask if you have:

- ✓ Multiple diagnoses that make it hard to get coordinated care
- ✓ A medically complex health care need, such as an organ transplant
- ✓ High-risk diagnoses, such as diabetes or asthma
- ✓ Parents or caregivers who do not understand your disease well enough to help you seek proper health care
- ✓ Family members who need help coordinating care
- ✓ Eligibility for the New Mexico Department of Health Title V Children's Medical Services Program (CMS)
- ✓ Eligibility to participate in Home & Community-Based Waiver programs, for example, Developmentally Disabled, Medically Fragile, HIV/AIDS, Mi via
- ✓ Foster care, adoption assistance, or other out-of-home placement
- ✓ A provider report that says you or your child have special health care needs
- ✓ A traumatic brain injury
- ✓ An injury or illness that changes your everyday life

Your CC/CM will work with your Primary Care Provider (PCP) and all other health care services you use. The CC/CM will also be the link between your PCP and the community-based programs you use.

The CC/CM works closely with your PCP. The CC/CM also works closely with doctors who take care of you when you are in the hospital. With your help, your PCP and CC/CM will make a treatment plan. A treatment plan helps you understand how to manage your health care needs. Your CC/CM helps you follow your treatment plan through:

- ✓ Referral requests
- ✓ Authorizations
- ✓ Evaluations
- ✓ Communication with all who are involved in your treatment plan

If I have to go to the emergency room (ER), how will the ER staff understand my special needs?

Please read the "Emergency Care" section of the BlueSalud Member Handbook. This tells you when to go to the ER or call 911.

You can also call the 24/7 Nurseline. The phone number is 1-800-973-6329. A nurse will help you decide if you should go to the ER. You can call the 24/7 Nurseline 24 hours a day, 7 days a week.

Please fill out the Medical Summary at the back of this brochure for yourself or for your child. Your CC/CM can help. If you need to go to the Emergency Room, take your Medical Summary with you. The Emergency Room staff will use the Summary to give you better health care. This is a valuable record that you need to keep current. This Medical Summary will help your providers with your medical care.

Whom should I call for help?

Anytime you have questions or need help getting the care or services you need, call Customer Service at 1-866-689-1523. You can also call your CC/CM.

Do I need benefit certification (prior authorization) for every service needed by my child or me?

No. Read your BlueSalud Member Handbook for a list of the services that need prior authorization.

Do I need to choose a Primary Care Provider (PCP)?

You have been assigned a PCP. If you want a different PCP or if you do not have a PCP, you need to choose one. The Provider Directory has a list of all the PCPs you can choose to see as a BlueSalud member. A list was included in your new member packet. Once you choose a PCP, call Customer Service and ask for a new ID card.

If you need another directory, call Customer Service. You can also see the Provider Directory online at www.bcbsnm.com/bluesalud/providers.htm.

We are always adding new providers. If you want to see a provider who is not on the list, call Customer Service. A Customer Advocate will tell you if the provider has been added to the list.

Can I choose a specialist as a PCP?

Yes. Individuals with Special Health Care Needs have different medical needs than other members. Sometimes they need primary care from a specialist. If so, it is better to have the specialist as a PCP. The specialist must do two things to be the PCP:

- 1) The specialist must agree to be the PCP.
- 2) The specialist must understand your special health care needs.

If the specialist does both of these things, then we will make the specialist your PCP.

Specialists often serve as PCPs for individuals with special health care needs who have:

- ✓ Complex cases
- ✓ Severe symptoms that occur suddenly and/or frequently
- ✓ A need to see many providers
- ✓ A need for many medical tests or x-rays
- ✓ A need to take lots of medicine
- ✓ A need to use medical equipment at home

If you want a specialist to be your PCP, call Customer Service or your CC/CM. Ask for a specialist to be your PCP. If your request is approved, we will send you a new ID card. The name of the specialist will be on the new card.

Can I have an extended referral for a specialist?

Yes. Many individuals with special health care needs need to see a specialist regularly. To make this easier for you, we can give you an ***extended referral***. This means you can see a specialist over a long period of time without first seeing your PCP each time you visit your specialist.

Customer Service or your CC/CM can help you get an extended referral. Customer Service is not authorized to give you the referral, but Customer Service can help you get the referral from the BlueSalud Health Services Department.

The following specialty services do not require a referral:

- ✓ Behavioral health services
- ✓ Family planning services
- ✓ Routine vision care
- ✓ Routine dental care
- ✓ Visits to an obstetrician/routine gynecology
- ✓ Emergency services

What if I need physical therapy, speech therapy or occupational therapy?

Your PCP can begin the process by calling the referral in to 1-866-689-1523 for prior authorization for physical, speech and/or occupational therapy.

What if I need a second opinion?

You have the right to get a second opinion. You can get a second opinion for surgery or a treatment plan. We will help you find a qualified doctor. Usually the doctor will be in the BlueSalud network. If there is no qualified doctor in the BlueSalud network, we will help you find one outside the network. New Mexico doctors must be used before out-of-state doctors will be considered.

You do not have to pay for a second opinion. To ask for a second opinion, call Customer Service at 1-866-689-1523.

What if I need medical services that are not provided in the BlueSalud network or in the State of New Mexico?

If you need medical services that are not provided by doctors in the BlueSalud network, you or your PCP can call Customer Service or your CC/CM. Your request will go to the BlueSalud Medical Director.

If the Medical Director approves, we will call your PCP's office. We will give your PCP your authorization number. Your PCP will tell you that the service has been approved.

How do I change my PCP?

We want you and your PCP to be able to work together. If you want to change your PCP for any reason, please call or write Customer Service.

If you ask to change your PCP by the 20th day of the month, you may begin to see your new PCP the first day of the next month. For example, if you call on June 15 to change your PCP, you can start seeing your new PCP on July 1.

If you ask to change your PCP after the 20th day of the month, you can start seeing your new PCP the 1st day of the month following the next month. For example, if you call on June 21, you can start seeing your new PCP on August 1.

Behavioral Health

Do I need a referral for Behavioral Health Care?

No, you do not need a referral for behavioral health services. You can go directly to an in-network behavioral health provider at any time.

BlueSalud members use behavioral health providers in the **OptumHealth New Mexico** network. To find a provider, call OptumHealth New Mexico Customer Service at

1-866-660-7185

BlueSalud members can also get a ride to behavioral health appointments. Call **Logisticare's** "Ride Assist" phone line:

1-866-418-9829 or 1-866-913-4342

Be sure to call at least 72 hours in advance.

What if my child or I have a behavioral health emergency?

Examples of a behavioral health emergency are:

- ✓ You feel like hurting yourself
- ✓ You feel like hurting others
- ✓ You are not able to take care of yourself

If you have an emergency, do one of these things:

- ✓ Call 911
- ✓ Call OptumHealth New Mexico at 1-866-660-7185 for BlueSalud
- ✓ Call the 24/7 Nurseline at 1-800-973-6329
- ✓ Go to the nearest hospital emergency room

What if my caregiver needs help with stress relief?

Caregivers for BlueSalud ISHCN members may go to the *Be Smart. Be Well.* website at

<http://besmartbewell.com>. If you do not have computer access contact your CC/CM to request a DVD version of the information about stress relief mailed to you.

Pharmacy, Transportation, and Durable Medical Equipment (DME)

For answers to questions about prescription drugs and durable medical equipment benefits, call BlueSalud Customer Service at 1-866-689-1523.

Who can help me with transportation to health care appointments?

BlueSalud members may schedule a ride by calling **Logisticare**. The phone number is 1-866-418-9829 or 1-866-913-4342. Logisticare's drivers are trained to transport members with special needs. They are also trained in basic life support. All vans have wheelchair ramps, lifts, and wheelchair safety restraints. The medical taxi can take you only to your appointment. They can not take you to a pharmacy or stop for other nonmedical needs. You may be sharing the ride with other members.

Be sure to call at least 72 hours in advance.

How do I get durable medical equipment (DME) and supplies?

Your PCP will write a prescription for your equipment or supplies. The PCP will fax the prescription to your DME supplier. A long-term authorization can also be approved. This will make it easier for you to get the equipment and supplies you need. You must use DME providers that are in the BCBSNM BlueSalud network.

What if medical equipment and supplies do not arrive in time?

If you do not get your durable medical equipment or supplies in time, call Customer Service or your Care Coordinator (CC). We will help you get what you ordered. We may also send an acceptable substitute. Some medical equipment must be authorized before it can be given to you.

Health Information Privacy

How does BlueSalud protect the privacy of my health information?

See the privacy section in your Member Handbook. Also see the *HIPAA Notice of Privacy Practices*. This brochure was in your new member packet.

Problems, Grievances/Complaints, and Appeals

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

If you receive a bill or claim that you think is incorrect, call Customer Service. You may also mail your bill or claim, with a note about the problem, to the following address:

BlueSalud
P.O. Box 27838
Albuquerque, NM 87125-7838

What if I am not satisfied with my health care?

If you have a complaint about your **behavioral health** care, call OptumHealth New Mexico at 1-866-660-7185.

If you are not satisfied with your **physical** health care, talk about the problem with your doctor. If you still have concerns after talking with your doctor, call Customer Service or your CC/CM. A Customer Advocate or your CC/CM can help if you have a specific complaint about your physical health care.

You may also file a complaint, called a ***grievance***, about care or services you receive. A grievance is an official notice that you are not satisfied with your physical health care. If you want to file a grievance, you must do so within 90 calendar days of the date that you had the problem or requested the health care service.

You may file a grievance verbally or in writing. If you need help, please call Customer Service. If you

can write in only another language, Customer Service can help you translate the grievance into English.

To file your grievance, call 1-866-689-1523 (or fax to 1-888-240-3004). Or you may write to:

BlueSalud Grievance Coordinator
P.O. Box 27838
Albuquerque, NM 87125-7838

You may also e-mail your grievance to bcbsnm.com. Select *Contact Us* on the BCBSNM home page.

BlueSalud will send you a letter saying that we received your grievance. We will send the letter within five business days after we receive your complaint. We will resolve your grievance within 30 calendar days.

If we cannot resolve your grievance within 30 days, we may request an extra 14 days. We will do this only if it is in your best interest. If we ask for the extension, we will send you a letter that explains why. We will send you the letter within two business days. You also have the right to request a 14-day extension.

When we resolve your grievance, we will send you a letter. The letter will explain the information we used to resolve your complaint. The letter will also state that we have finished working on the grievance.

We will not tell other people about it without your permission unless they are involved in your grievance or unless we are required by law.

We will continue to provide the health care you need even if you file a grievance. You will not be punished for filing a grievance.

BlueSalud keeps copies of all grievances you file. Please call Customer Service if you want to review your grievances.

What if I am denied needed health care?

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

You have the right to disagree with any of BlueSalud's decisions or actions that affect your

physical health care. Specifically, you can disagree with us if:

- ✓ A physical health care service that you or your provider requests is limited or denied
- ✓ A physical health care service that you have already been authorized to receive is limited
- ✓ BlueSalud decides not to pay for all or part of a physical health care service
- ✓ BlueSalud does not give you good service or does not respond to your complaints

If you disagree with a decision or action that affects your physical health care, you may file an **appeal** with BlueSalud. An appeal is an official notice of your disagreement. It also is a request for review of our decision or action.

If you decide to file an appeal, you must do so within 90 calendar days of the date that you received notice of the decision or action.

You may file an appeal verbally or in writing. If you need help filing an appeal, please call Customer Service. If you can write in only another language, Customer Service can help you translate the appeal into English.

To file your appeal, call 1-877-232-5520 (or fax to 1-888-240-3004). Or you may write to:

BlueSalud Appeals Coordinator
P.O. Box 27838
Albuquerque, NM 87125-7838

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

If you or your provider feel that waiting for the regular appeals process may seriously harm your physical health, you may ask for an extra quick decision. Usually we will process an appeal within 30 days. If it is an emergency, we will process it right away.

If you need a quick decision on your appeal, please tell us. Explain that it is because you think that your physical health may be seriously harmed if you wait

for the regular appeals process. HSD allows up to three days to resolve a “quick appeal.”

If you or your provider files an appeal within 13 calendar days of receiving notice of our decision to discontinue services, we will continue the physical health care service until:

- 1) The appeal is withdrawn
- 2) 13 days have passed after mailing a resolution letter and there is no further disagreement
- 3) The time period or limits of the authorized health care service have expired

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

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

We can ask HSD for a 14-day extension if we need more time to resolve your appeal. We will do this only if it is in your best interest.

If we ask for an extension, we will send you a letter within two business days. The letter will explain why we asked for the extension. You also have the right to ask for a 14-day extension.

During the appeals process, you will be able to tell us why you disagree. You can show us evidence. You can look at the medical records and files that we will use to resolve your appeal. If you want, someone else involved in your physical health care can speak for you.

Your appeal will be heard by BlueSalud employees. This may also include physicians who consult for BlueSalud. The appeal committee will not include any of the employees who made the initial denial.

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

As a Salud! member, you may ask for a fair hearing through HSD before, during, or after filing and resolving an appeal with BCBSNM. If you do want to ask for a fair hearing, you must do so within 90 calendar days of receiving the decision with which you disagree.

To request a fair hearing, write to:

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

Or call toll-free: 1-800-432-6217

If you request a fair hearing within 13 calendar days of our decision to deny or limit a physical health care service, we will not deny that service. We will continue the service and wait for the outcome of the fair hearing. You may have to pay for services received if the fair hearing is resolved in favor of BlueSalud.

You can speak for yourself or speak for your child 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 the file with all the appeal information.

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 physical health care that you need, even if you disagree, file an appeal, or ask for a fair hearing.

You will not be punished for disagreeing with BlueSalud. You also will not be punished for filing an appeal or for requesting a fair hearing.

What is the member lock-in period?

When you enroll in a managed care organization (MCO) you will be with that MCO for 12 months, as long as you remain in the Medicaid program. This is called the "lock-in period." Your lock-in period begins with your first day of coverage under the MCO you chose. During the first 90 days of coverage, you may choose a different MCO. If you change to another MCO, you will have another 90-day period during which you can decide if you want to stay with the new MCO.

If you return to the original MCO, you must stay with it until your 12-month cycle, or lock-in period, has ended. At the end of the 12-month cycle, you will be able to choose coverage from all of the MCOs offered. You will be notified 60 days before the end of the 12-month cycle so that you can start deciding whether or not you want to change to another MCO.

How do I disenroll from BlueSalud and switch to another Managed Care Organization (MCO)?

If you have good reason* to disenroll from BlueSalud you have 90 days from the day you enroll with BlueSalud to switch to another MCO. All changes must be done prior to the 20th of the month.

*Examples of good reasons include:

- ✓ You move out of the BlueSalud service area
- ✓ You are assigned to a primary doctor who is farther than 30 miles from your home
- ✓ BlueSalud cannot cover the services you request due to moral or religious objections

To disenroll from BlueSalud and switch to another MCO, you will need to write to the New Mexico Human Services Department (HSD). HSD will approve or deny the request. They will notify you and BlueSalud of their decision.

Send your written request to:

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

If HSD approves your request, BlueSalud will help you change your care to the new MCO. We will make this change as smooth as possible.

If you need help with your request, please Customer Service:

1-866-689-1523

Exemption Process

A member, parent, or guardian may ask to not be enrolled in Salud! A written request must be sent to HSD, describing the special reasons for the exemption. HSD may also ask for the exemption. HSD staff will make the final decision. If you are already in Salud!, you will stay in Salud! until the decision is made.

You must send a written request to disenroll to HSD. HSD will review the request and send a written response (approve or deny) to the member and to the SALUD! program.

Send your written request to:

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

The New Mexico Human Services Department (HSD) must approve any request to disenroll. For help with disenrollment, call Customer Service at 1-866-689-1523. You may also call HSD directly at 1-888-987-2583

HSD must send a response by the first day of the second month after the month the request was received. For example, if you send a request on June 14, then HSD must approve or deny the request by August 1. If HSD does not respond in time, then the request is approved. If your disenrollment request is denied, you may request a fair hearing.

Medical Summary

Please complete the Medical Summary on the next page. Your Care Coordinator or Case Manager can help you complete the Medical Summary.

Carry this Medical Summary with you at all times. Bring the Medical Summary with you any time you need health care. Ask your Care Coordinator, Case Manager, or PCP to make copies. As your health needs change, be sure to update the summary.

Si necesita una version de este documento en español, por favor llame al Departamento de Servicios a la Membresia al 866-689-1523.

MEDICAL SUMMARY

Date Completed _____

Member Name _____ Phone Number _____

Caregiver/Guardian/POA _____ Phone Number _____

Address _____

In Case of Emergency call: _____ Phone Number _____

Health Problems _____

I am allergic to: _____

Name of my SALUD Care Coordinator _____ Phone Number _____

Other Case Manager _____ Phone Number _____

My Doctors are:

Primary Care Physician _____ Phone Number _____

Specialist/Specialty _____ Phone Number _____

Specialist/Specialty _____ Phone Number _____

Specialist/Specialty _____ Phone Number _____

Current Medications

Name of Drug	Time taken	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please complete both pages)

Current Medicines (continued)

Breathing Treatments (if any)	Time Taken	Dosage
_____	_____	_____
_____	_____	_____

I am getting the following services:

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

Medical Equipment and Supplies

_____	_____	_____
_____	_____	_____
_____	_____	_____

Surgical History

Type of Surgery	Name of Doctor or Hospital	When/Where
_____	_____	_____
_____	_____	_____
_____	_____	_____

My last hospitalizations were:

For what reason	Which hospital	When
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheets/information as needed