

2009 Amendment: Claims Payment Provisions and Benefit Changes



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

This *2009 Claims Payment Provisions and Benefit Changes* amendment is made a part of your State of New Mexico employee health care plan benefit booklet. If you have a question about this change, please call your Customer Service Unit representative at the phone number printed on the bottom of this page.

Claims Payment and Appeals

Replace the information under “How Payments are Made: Nonparticipating Providers” in Section 7: Claims Payment and Appeals of your health care plan benefit booklet with the following paragraph:

Nonparticipating Providers — If covered services are received from a nonparticipating provider in New Mexico, BCBSNM will make claims payments to the subscriber (or to the applicable alternate payee when a Qualified Child Medical Support Order or its equivalent is in effect). When payment is made to the subscriber, the subscriber is responsible for arranging payment to the provider. If covered services are received from a nonparticipating provider outside New Mexico, BCBSNM will make claims payments to the provider unless the subscriber submits documentation proving that the provider has already been paid directly for covered services. In all cases, the subscriber is solely responsible for paying any amounts greater than covered charges plus copayments, deductibles, coinsurance, any benefit reduction amounts, and noncovered expenses.

Summary of Benefits: April 2009

Effective April 1, 2009, change the “Mental Health” and “Substance Abuse” line items on your Summary of Benefits to show that in-network intensive outpatient programs are now subject to a \$35 per visit copay (reduced from prior copay of \$75 per visit) and that in-network inpatient professional charges are payable at 90 percent of the covered charge, in addition to other copay changes.

		Preferred Provider	Nonpreferred Provider
Mental Health Services	— Outpatient/office services	\$30 per visit ⁴	
	— Inpatient services	\$400 per admission ⁵	
	— Partial hospitalization	\$200 per admission ^{5,7}	
	— Intensive outpatient program	\$35 per visit ^{4,7}	30% ^{4,5}
	— Residential treatment center (max. 60 days/ Plan year in combination with substance abuse services)	\$400 per admission ⁵ Related inpatient, RTC, and partial hospital physician charges = 10%	
Substance Abuse (Alcoholism and Drug Abuse) Rehabilitation*	— Outpatient/office services (max 30 visits/Plan year)	\$30 per visit ⁴	
	— Intensive outpatient program (applied to outpatient benefit maximum of 30 visits/Plan year)	\$35 per visit ^{4,7}	
	— Inpatient services; Partial hospitalization (max. 30 days/Plan year for both combined)	\$400 per inpatient admission ⁵	30% ^{4,5}
	— Residential treatment center (max. 60 days/ Plan year in combination with nonsubstance abuse)	\$200 per partial admission ^{5,7} \$400 per admission ⁵	
	Note: Substance abuse limited to services received within a maximum of two 12-month benefit periods.	Related inpatient, RTC, and partial hospital physician charges = 10%	

Summary of Benefits: July 2009

Effective July 1, 2009, other member cost-sharing amounts (e.g., deductible, out-of-pocket limit, copayments, and percentage coinsurance amounts) are also changing:

Benefit Description	New Member Share (07/01/09)	
	Preferred Provider	Nonpreferred Provider
Deductible	\$300 Individual/\$900 Family	\$1500 Individual/\$4500 Family
Out-of-Pocket Limit	\$3000 Individual/\$9000 Family	\$6000 Individual/\$18,000 Family
PPO Primary Provider Office Visit Copayment	\$20 (deductible waived)	40% after deductible
Specialist Office Service Copayment (including therapy, biofeedback, home health, and other services subject to office visit copayments)	\$30 after deductible	
Out-of-Network Coinsurance	Not Applicable	
Inpatient Facility Admission Copayment	\$400 after deductible	
Observation and Other Treatment Room Copay	\$200 after deductible	
Diagnostic Testing - Nonroutine (excluding PET scan, CT scan, MRI – for which benefits other than out-of-network coinsurance have not changed)	10% after deductible	
Outpatient Physician	10% after deductible	
Durable Medical Equipment, etc. (excluding hearing aids, which are still 15% after deductible)	25% after deductible	
Insulin (if purchased in physician's office)	30% after deductible	
Emergency Room Copayment	\$175 after deductible	
Urgent Care Copayment	\$50 after deductible	\$50 after deductible

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