Endorsement:
2010/2011 Benefit Changes for New Mexico State University

This 2010/2011 Benefit Changes endorsement is made a part of your Blue Cross and Blue Shield of New Mexico (BCBSNM) PPO health care plan.

BY:

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Mental Health Parity and Addiction Equity Act (MHPAEA)
Benefit changes are being made to group health care plans (as defined by federal law) in response to the federal Mental Health Parity and Addiction Act (MHPAEA). The changes below apply to services on or after your group’s annual renewal date of July 1, 2010.

PPO Summary of Benefits: Mental Health/Chemical Dependency
Effective for services received on or after your group’s annual renewal date of July 1, 2010, in-network office psychotherapy and other in-network office services related to the treatment of mental health and/or chemical dependency under the PPO Plan, are subject – per visit – to the lower “PPP” or “PCP” copayment listed on your Summary of Benefits. Benefits for covered out-of-network services, if eligible under your plan, and benefits for covered facility services are not changing.

2011 Behavioral Health Insourcing:
Insured Health Plans with Mental Health and/or Chemical Dependency Benefits
Effective January 1, 2011, preauthorization and customer service for services related to mental health and chemical dependency are being administered by a newly created “Behavioral Health Unit” (or “BHU”) in an effort to provide more efficient service to our members. You and your provider will now send claims and appeals to BCBSNM at the same address you use for medical/surgical care claims and appeals, and will now be assisted by the BHU when you have questions about your mental health or chemical dependency benefits.

Also as a result of this change, members will be able to choose a BCBSNM network provider using the same BCBS provider network that you use for your medical/surgical care. Provider directories are available through the BCBSNM Web site at www.bcbsnm.com. (BCBSNM is currently contracting with behavioral health providers throughout the state and you will have a full network of providers from which to choose starting January 1, 2011.)

There are also administrative changes to the preauthorization and appeals processes that will affect your benefit booklet:
Administrative Changes

The following changes are being made to your benefit booklet effective January 1, 2011: In order to standardize the term used for prior approvals/prior authorizations required under any health plan for any medical/surgical or mental health/chemical dependency service, including any preauthorizations required under your BCBSNM drug plan:

Replace the terms “prior approval,” “admission review approval,” and/or “prior authorization” with “preauthorization” in all instances. The intended meaning of the term “preauthorization” is to obtain approval, when required, prior to a service being rendered.

The following change is being made to your benefit booklet effective January 1, 2011 to facilitate the change to the new Behavioral Health Unit:

Replace all references to Mesa Mental Health or BCBSNM with “Behavioral Health Unit.” You will find the toll-free number for preauthorization requests listed on your member identification (ID) card.

How To Use This Benefit Booklet

Effective on January 1, 2011, replace the paragraph “Call Mesa Mental Health (or BCBSNM) for Prior Approval” in How To Use This Benefit Booklet with the following paragraph:

Call the Behavioral Health Unit for Preauthorization — All inpatient and outpatient mental health and chemical dependency services must be preauthorized by the Behavioral Health Unit at the phone number on the next page (also listed on the back of your ID card). For all inpatient and outpatient services, you or your physician should call the Behavioral Health Unit before you schedule treatment. The Behavioral Health Unit will coordinate covered services with an in-network provider near you. If you do not call and receive authorization before receiving nonemergency services, benefits for services may be denied. Call 7 days a week, 24 hours a day:

Toll-Free Phone Number: 1-888-898-0070

Provider Network

Effective January 1, 2011, you will be able to choose behavioral health (mental health and chemical dependency) providers from the same BCBS provider network from which you currently choose your medical/surgical providers. If your Plan was using the Mesa Mental Health provider network, you should now choose a provider from the BCBSNM network that is appropriate for your health plan (e.g., HMO or PPO), including from among those BCBS providers in the worldwide BlueCard network for PPO plans. (BCBSNM is currently contracting with behavioral health providers throughout the state and you will have a full network of providers from which to choose starting January 1, 2011. If your current provider is not in the new BCBSNM PPO or HMO network of behavioral health providers, please call the Behavioral Health Unit to discuss transition of care issues.)

How Your Plan Works

Effective January 1, 2011, remove outpatient psychotherapy, chemical dependency, and/or alcohol and drug abuse from the list of services requiring preauthorization (or prior approval/authorization) under “Admission Review and Other Prior Approvals (or, for HMO plans, “Prior Authorizations”) in the How Your Plan Works section of your benefit booklet. Add a new section for “Preauthorization of Mental Health/Chemical Dependency Services”:

Preauthorization of Mental Health/Chemical Dependency Services — All inpatient and outpatient mental health and chemical dependency services must be preauthorized by the Behavioral Health Unit (BHU) at the phone number listed on the back of your ID card. You or your health care
provider should call the Behavioral Health Unit before you schedule treatment. NOTE: Your provider may be asked to submit clinical information in order to obtain preauthorization for the services you are planning to receive. Services may be authorized or may be denied based on the clinical information received. (Clinical information is information based on actual observation and treatment of a particular patient.)

If you or your provider do not call for preauthorization of nonemergency inpatient services, benefits for covered, medically necessary inpatient facility care may be reduced by an amount that is equal to the preauthorization (or admission review) penalty, if any, indicated for medical/surgical admissions. If inpatient services received without preauthorization are determined to be not medically necessary or not eligible for coverage under your Plan for any other reason, the admission and all related services will be denied. In such cases, you may be responsible for all charges.

If preauthorization is not obtained before you receive outpatient services, your claims may be denied as being not medically necessary. In such cases, you may be responsible for all charges. Therefore, you should make sure that you (or your provider) have obtained preauthorization for outpatient services before you start treatment.

**Covered Services**

Effective January 1, 2011, replace the paragraph for “Prior Approval Required” (or “Prior Authorization Required,” for HMO plans) in **Covered Services: Psychotherapy (Mental Health and Chemical Dependency)** with the following paragraph:

**Preauthorization Required** — All inpatient and outpatient mental health and chemical dependency services must be preauthorized by the Behavioral Health Unit at the phone number listed on the back of your ID card. You or your physician should call the Behavioral Health Unit before you schedule treatment. If you do not call before receiving nonemergency services, whether inpatient or outpatient, benefits for covered services may be reduced or denied as explained in the How Your Plan Works section, earlier. In such cases, you may be responsible for all charges, so please ensure that you or your provider have received preauthorization for any services you plan to receive.

Use the chart below to determine the appropriate contact for your situation.

| Summary of Contact Information for Preauthorization, Customer Service, Claim Submission, and Appeal (or Reconsideration) Processes for Medical/Surgical and Behavioral Health Services: |
|---|---|---|
| Process | Type of Service: | Send to: |
| Request preauthorization: | Medical/surgical | BCBSNM |
| | Mental health/chemical dependency | Behavioral Health Unit |
| Customer Service Inquiry | Medical/surgical | BCBSNM |
| | Mental health/chemical dependency | Behavioral Health Unit |
| Submit claim (post-service) | Medical/surgical | BCBSNM or local BCBS Plan |
| | Mental health/chemical dependency | BCBSNM or local BCBS Plan |
| Request appeal or reconsideration of claim or preauthorization decision | Medical/surgical | BCBSNM Appeals Unit |
| | Mental health/chemical dependency | BCBSNM Appeals Unit |