

Frequently Asked Questions about the Away From Home Care[®] Program



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A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
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What is Guest Membership?

Guest Membership (also known as the Away From Home Care program) enables an HMO member to be a "guest" of a participating Blue Cross and Blue Shield HMO while away from their home service area for 90 consecutive days or more. Guest Members remain members of their home HMO plan, and their premium continues to be paid to their home plan.

Guest Membership ensures you have ongoing access to the contracted health care providers. Common situations include:

- temporary work assignments or personal business that keeps you out of state
- retirees with dual residency in another state
- divorced or separated families with covered dependents who live in another state
- a dependent who is attending school in another state

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What are the three types of Guest Membership?

There are three types of Guest Membership, each based on member eligibility and the length of time that the member will be out of the home service area.

- **Long-Term Traveler:** The Long-Term Traveler Guest Membership is available to qualified HMO members and their covered spouse or dependent(s) who will be away from home for at least 90 consecutive days, but not more than 180 days. This type of Guest Membership is typically used for long-term work assignments or for a retiree with a dual residence.
- **Families Apart:** The Families Apart Guest Membership is available to qualified HMO members and their covered spouse or dependent(s) who do not reside in the member's home state for 90 or more consecutive days. The member is not eligible for this type of Guest Membership. This type of membership is typically used when the spouse or dependent(s) in divorced or separated families permanently reside outside the member's home plan service area. (There is no administrative time limit on the length of a Families Apart Guest Membership.)
- **Student:** The Student Guest Membership is available to a qualified HMO member's covered spouse or dependent(s) who are out of their home state for 90 or more consecutive days attending school. (There is no administrative time limit on the length of the Student Guest Membership.)

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What is the difference between a home plan and a guest membership?

If you are a member of Blue Cross and Blue Shield of New Mexico (BCBSNM), then BCBSNM is considered your home plan. When BCBSNM HMO members are away from home for 90 days or more, they may apply to become a "guest" of a participating Blue Cross and Blue Shield HMO plan. Guest Members remain members of their home HMO plan, and their premium continues to be paid to their home plan.

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Do I have prescription benefits when using the Away From Home Care Program?

HMO members on Guest Membership must use their BCBSNM member ID cards when purchasing prescriptions in order to receive coverage (or they may pay up front and submit a paper claim).

Prescription benefits are provided under your HMO home plan; they are not handled as a Guest Membership benefit. If you are a guest member of a Blue Cross and Blue Shield HMO plan, please follow your home plan's prescription guidelines when you are away from home.

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What is the difference between the Away From Home Care Program and the BlueCard Program?

The Away From Home Care program is designed for HMO members who are out of their home plan service area for 90 or more consecutive days. The BlueCard Program is designed for members of certain BCBSNM plans who need medical care while traveling for short periods of time (less than 90 days). See the chart below for additional information about when HMO members can use either program.

Emergencies/Short Trips – BlueCard Program	Extended Stays – Away From Home Care Program
<p>If you need emergency or urgent care while out of state for less than 90 consecutive days:</p> <ul style="list-style-type: none">• Always carry your member ID card; it contains important information your health care providers need.• In an emergency, go directly to the nearest hospital or call 9-1-1 (is available in your location). Notify your PCP or BCBSNM about your visit within 48 hours if possible.• For care that is not an emergency, search the Provider Finder® or call 1-800-810-BLUE (2583) to find contracting doctors and hospitals in or near your location (to maximize your benefits). Remember to call your PCP or BCBSNM for prior authorization, if necessary.• When you receive urgent care, present your member ID card. You'll pay your usual out-of-pocket expenses.	<p>If you'll be in a different state for at least 90 consecutive days (a dependent attending school in another state, for example), the guest membership benefit enables ongoing access to contracting hospitals and doctors.</p> <ul style="list-style-type: none">• Always carry your member ID card; it contains important information your health care providers need.• Contact BCBSNM Customer Service at the number on the back of your ID card and let them know that you will be away from home for at least 90 consecutive days. BCBSNM will let you know if there is a participating HMO in the area where you'll be staying.• BCBSNM will work with you to complete a guest membership application and will forward the application to the participating HMO (the "Host") in your destination location.• The Host HMO provides you with a membership ID, a PCP, and information on your benefits. Please note that your copayments for services may be different than those required by BCBSNM.

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How do I apply for Guest Membership?

To set up Guest Membership, follow these steps:

1. Call Customer Service at the number listed on your member BCBSNM ID card to get more information about Guest Membership. The representative can tell you if there is a participating HMO in the location where you'll be staying.
2. If there is a participating HMO in the area, the customer service representative or Guest Membership coordinator will help you complete a Guest Membership application and forward the application to the participating Host HMO in the other location.
3. The Host HMO will provide you with a member ID card, a primary care provider (you may be asked to choose a PCP), and information on how to access your benefits.

You will not have to submit claim forms or pay up-front for health care services received from or authorized by your PCP, except for those out-of-pocket expenses that you normally pay. Please note that your payments may be different from those required by your HMO plan.

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How long does it take to set up Guest Membership?

You will receive notification from BCBSNM within 10 days from the date your application is received. Coverage for urgent care or emergency room visits is available to members during the notification period if necessary. Coverage is subject to the usual limitations and member out-of-pocket amounts as stated in the member's BCBSNM plan.

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Can I extend or renew a Guest Membership?

Renewals are sent out two months prior to the termination date. If members do not return renewals, their Guest Membership is terminated. The Long-Term Traveler Guest Membership can only be renewed once.

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