



BlueCross BlueShield
of New Mexico

Blue Cross
Community CentennialSM
A Centennial Care Plan



Member Eligibility and Information

Membership

ID Cards

Copayments

Primary Care Provider Assignment

Services are funded in part under a contract with the State of New Mexico.

Blue Cross and Blue Shield of New Mexico refers to HCSC Insurance Services Company (HISC), which is a wholly owned subsidiary of Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company. Both HISC and HCSC are Independent Licensees of the Blue Cross and Blue Shield Association.

1/9/2014

Note: Materials are subject to change based on ongoing feedback, newly communicated information and internal revisions.

Member Eligibility

Individuals become eligible for Centennial Care when they meet specific criteria for one of the eligibility categories.

- Enrollment begins October 15th, 2013
- Effective date of our program is January 1st, 2014
- Once an individual is eligible , and contacts their local state of New Mexico Income Support Division (ISD) , they may select Blue Cross Community Centennial with BCBSNM or another MCO's program.

Member Eligibility

- After a Centennial Care member enrolls with BCBSNM (whether as the result of selection or auto-assignment), members have one opportunity anytime during the 90 calendar-day period immediately following the effective date of enrollment with BCBSNM to request to change to another Centennial Care Managed Care Organization (MCO).
- After exercising this right to change MCOs, a member will remain with the MCO until the annual choice period, unless the member is dis-enrolled.
- Centennial Care members are allowed to change MCOs every 12 months at the time of the member's redetermination of eligibility.

Member Eligibility

- Member receives an ID card containing the member's name, ID number, and information about his or her benefits on the front of the card.
- On the back of the ID card are phone numbers to coordinate other services and instructions regarding Prior Authorization requests.



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Subscriber Name: <John A Doe>	PCP: <PCP_NAME>
Identification No: YIF<123456789>	<PCP_PHONE#>

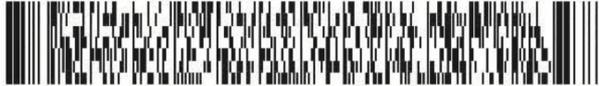
Group Number: <XXXX>	OFFICE VISIT	\$0
Date of Birth: <MM DD, YYYY>	EMERGENCY ROOM*	\$0
Enrollment Effective Date: <MM DD, YYYY>	URGENT CARE	\$0
Expiration Date: <MM DD, YYYY>	HOSPITAL	\$0

RxBin: 011552
RxPCN: SALUD

*You may be billed {dollar amount for applicable FPL} for non emergency use of the ER.



bcbsnm.com





**BlueCross BlueShield
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Customer Service 1-866-689-1523
Special Beginnings 1-888-421-7781
24/7 Nurseline 1-877-213-2567
Ride Assist* 1-866-418-9829
ReserveTransport* 1-866-913-4342

For care received in/outside of NM:
BCBSNM Claims Dept
PO Box 27838
Albuquerque NM 87125-7838.

Prior authorization required for some in-network and most out-of-network services.
Special Beginnings* members must call in the first Trimester of pregnancy. For emergencies, call 911 or go to the closest emergency room. After treatment call your PCP.



*Group contracts directly

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Pharmacy Benefits Manager

Member Eligibility

At each office visit, your office staff should:

- Ask for the member's ID card.
- Copy both sides of the ID card and keep the copy with the patient's file.
- Determine if the member is covered by another health plan and record information for coordination of benefits purposes, including Medicare coverage.
- If the member is covered by another health plan, the provider must submit to the other carrier(s) first.
- After the other carrier(s) pay, submit the claim to BCBSNM.
- Refer to the member's ID card for the appropriate telephone number to verify eligibility and applicable co-payments specific to the member's coverage. (Native American's are exempt from co-payment amounts and prior authorization requirements to I/T/U's).

Member Eligibility

If the member is eligible for Medicaid through the Working Disabled Individuals (WDI) program or the Children's Health Insurance (CHIP), they must pay a copayment to receive certain services as follows:

The copayments will be listed on their ID card.

The copayments for CHIP and WDI member services are:

Type of Service	CHIP Copayment	WDI Copayment
Office/Urgent Care Visit *No copay for approved second opinions	\$5 per visit*	\$7 per visit*
Outpatient Hospital	\$5 per visit	\$7 per visit
Emergency Room	\$15 per visit	\$20 per visit
Inpatient Hospital	\$25 per admission	\$30 per admission
Prescriptions	\$2 per prescription (30-day supply or 120 pills, whichever is less)	\$5 per prescription (30-day supply or 120 pills, whichever is less)
Non emergent use of the ER	\$50	\$28
Brand name Prescription when there is a less expensive equivalent	\$5	\$8

Applicable copayments may be charged for missed appointments. There are no copayments for routine or preventive care, prenatal care, or family planning, all services rendered by an IHS, 638 Facility, or Urban Indian Facility, or for Native Americans.

Member Eligibility

Under NM Medical rules:

- A provider cannot refuse service to recipient unable to pay the copayment
- The copayment must be deducted from the providers payment (other than for the ER)
- Copayments are to be carried by the provider as an amount due if the copay is not collected
- The provider may bill the recipient, and/or attempt to collect at a later visit
- A provider has the right to stop treating a recipient if there are unpaid copayments. (This is not considered a discrimination against the recipient.)
- An MCO may require the provider to see the recipient as it relates to emergencies.

Member Eligibility

Primary Care Provider Assignment

- Members will not be automatically assigned a PCP they will have the option to select a participating PCP.
- If a member does not select a PCP within a reasonable amount of time, a PCP will also be assigned at that time according to age, gender and zip code.
- If a member is eligible for both Medicare and Medicaid, they are not required to choose a Blue Cross Community Centennial PCP. Members can continue to see the Medicare PCP and present with both ID cards for Medicare and Centennial Care.
- BCBSNM can make the decision to lock a member in to one PCP with coordination from the PCP in cases where members are receiving the same service from multiple providers or receiving services deemed not necessary by the members PCP.
- Members can appeal a PCP lock in decision by Blue Cross Community Centennial by contacting Customer Service at 1-866-689-1523.