BlueCare® Dental Offers Largest Network of Dental Access Points – Exceeding 152,000!

BlueCare Dental members choose their dental professionals from the nation’s largest dental care network. With more than 152,000 access points, members have great flexibility to see dentists and use their BlueCare Dental benefits when and where it is convenient for them. Thanks to this broad network, our discounts for members – and the savings for employer groups – are greater than ever.

Using the Provider Finder® tool at bcbsnm.com, members can search for a provider online any time by selecting Find a Doctor from the home page, then Find a Dentist under More Searches.

For more information about BlueCare Dental products and benefits, contact your BCBSNM account executive.

Blue Update
April/Second Quarter 2010

Federal Government Issues Interim Final Regulation on Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

On January 29, the Departments of Health and Human Services, Labor, and Treasury jointly issued significant new interim final regulations for implementing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

The Act, passed into law October 3, 2008, amends the Employee Retirement Income Security Act (ERISA), the Internal Revenue Code (Code), and the Public Health Service Act (PHSA). The MHPAEA generally requires that group health plans and group health insurers apply the same treatment and financial limits to medical and surgical benefits and to mental health and substance abuse (MH/SA) disorder benefits.

For renewing groups, the provisions of the law went into effect on each group’s renewal date beginning on and after October 3, 2009. BCBSNM makes these changes for “large groups” only and has not applied changes to groups that meet the exception guidelines established by MHPAEA; therefore, it does not apply to small employers who employed an average of between 2 and 50 employees on business days during the preceding calendar year, and who employed at least 2 employees on the first day of the plan year.

While the Act does not require coverage of MH/SA benefits, it does require that, when offered, benefits for MH/SA disorders have the same treatment and financial levels as the predominant medical and surgical benefits provided in the benefit plan.

The new regulations are 154 pages long and will require detailed reviews of applicable plan documents and insurance policies. Also, current processes will be evaluated regarding management of mental health benefits, claims, and the relationship between these benefits and the predominant benefits in the plan.

Federal regulators have emphasized that, when offered, benefits for MH/SA disorders have the same treatment and financial limits to medical and surgical benefits and to mental health and substance abuse (MH/SA) disorder benefits.

For purposes of enforcement, regulators have emphasized that they will take into account a health plan’s good faith efforts to comply with the statute, if noncompliance occurred based on how the original law was interpreted.

The interim final rules substantially clarify as to the definitions and tests that must be used to establish parity between MH/SA benefits and medical/surgical benefits with respect to financial requirements and treatment limitations, as required under MHPAEA.

Because BCBSNM took a conservative approach, we expect that most of the interim final rules will confirm that we are handling implementation correctly for our fully insured groups. We do not expect that the final regulations will require any significant changes to how we are currently administering mental health and substance abuse benefits. Some ASO groups may have to consider modifications as a result of these regulations if they implemented MHPAEA differently.

The BCBSNM workgroup that developed the MHPAEA compliance procedures has begun reviewing the rules and will be communicating additional details as soon as possible. In the meantime, please contact your producer or BCBSNM account representative if you have any questions.
Important Employer Update: CHIPRA 2009 Model Notice Compliance

The information contained in this update is a summary of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) premium assistance notice requirements released by the U.S. Department of Labor (DOL) on February 4, 2010. This summary is provided by BCBSNM as a courtesy and should not be viewed as legal advice. If you have questions about your company’s obligations under the law, please consult with your legal counsel.

BCBSNM is giving you important information related to your compliance with the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA). Under CHIPRA, employers who sponsor group health plans are required to provide an annual premium assistance notice to employees (regardless of enrollment status) who reside in states with a premium assistance program.

Now that the U.S. Department of Labor (DOL) has issued its model premium assistance notice to employees, many employers are required to provide the notice as soon as May 1, 2010. Because this notice is the employer’s obligation, BCBSNM will not be providing this notice to members.

As indicated in the model premium assistance notice released by the DOL, 40 states are currently offering such premium assistance. Employers located in states that do not offer premium assistance are still required to provide the notice to any of its employees who reside in states that offer such assistance. An employer may choose to provide the notice to all its employees or only those employees residing in a state with premium assistance.

Notice and Delivery Requirements
The DOL has issued a model premium assistance notice and instructions to assist employers in complying with the law. You will find the model notice and instructions at dol.gov/ebsa under New and Noteworthy. The links are as follows: Publication of Model Notice for Employers to Use Regarding Eligibility for Premium Assistance Under Medicaid or CHIP, Model Notice, En Español, and News Release.

The current DOL guidance related to the premium assistance notice requirements includes a description of the employer’s obligations under the law, including the following:

- The premium assistance notice must be provided as a separate document and in a manner that ensures an employee could reasonably be expected to appreciate its significance. (A separate mailing to employees is not required.)
- Employers may combine the premium assistance notice along with other items, such as open enrollment materials or Summary Plan Descriptions (SPDs), as long as it is provided in a timely manner to all employees entitled to the notice.
- Employers should consider including the notice in enrollment materials for new hires.
- The DOL designed the model premium assistance notice as a national notice to cover an array of situations where employees entitled to the notice may reside (or their families may reside) in various states.
- The model notice, which is available in modifiable, electronic form on the DOL’s website, provides a list of states along with contact information (current as of March 3, 2010) that offer qualifying premium assistance programs. The DOL will update the model notice each year to reflect which states are providing premium assistance programs and contact information. Employers must check for updates on the DOL website prior to any notice distribution.
- Employers that fail to issue the premium assistance notice consistent with the DOL guidance are subject to penalties of up to $100 per day per employee.

Timing and Effective Date
- Employers must provide the initial premium assistance notice to all eligible employees by the later of (1) the first day of the group health plan’s first plan year after February 4, 2010; or (2) May 1, 2010.
- For group health plan years beginning from February 4, 2010, through April 30, 2010, the premium assistance notice must be provided by the employer to all eligible employees by May 1, 2010.
- For employers whose group health plan year begins on or after May 1, 2010, the premium assistance notice must be provided by the first day of the next plan year (January 1, 2011, for calendar-year plans).

This information will also be available on Blue Access® for Employers. Contact your BCBSNM representative with questions.
**Important Employer Update: CHIPRA 2009 Model Notice Compliance**

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- Publication of Model Notice for Employers to Use Regarding Eligibility for Premium Assistance Under Medicaid or CHIP: Model Notice, En Español, and News Release.

The current DOL guidance related to the premium assistance notice requirements includes a description of the employer’s obligations under the law, including the following:

- Employers must provide the premium assistance notice annually, on an automatic basis, and free of charge.
- Employers must provide the premium assistance to each employee who resides in a state that offers premium assistance (regardless of whether the employee is enrolled in the employer’s health plan) of potential opportunities for premium assistance in the state in which the employee resides.

The premium assistance notice must be provided as a separate document and in a manner that ensures an employee could reasonably be expected to appreciate its significance. (A separate mailing to employees is not required.)

- Employers may combine the premium assistance notice along with other items, such as open enrollment materials or Summary Plan Descriptions (SPDs), as long as it is provided in a timely manner to all employees entitled to the notice.
- Employers should consider including the notice in enrollment materials for new hires.
- The DOL designed the model premium assistance notice as a national notice to cover an array of situations where employees entitled to the notice may reside (or their families may reside) in various states:
  - The model notice, which is available in modifiable, electronic form on the DOL’s website, provides a list of states along with contact information (current as of March 3, 2010) that offer qualifying premium assistance programs. The DOL will update the model notice each year to reflect which states are providing premium assistance programs and contact information. Employers must check for updates on the DOL website prior to any notice distribution.
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**Model Notice**

- A searchable FormFinder tool
- A section for new product and feature information, wellness resources and tools, and tips on using the new BAE
- A section dedicated to providing employers with an easy-to-use tool to help members make better health care decisions, we have enhanced our Hospital Comparison Tool, which provides measures of quality for 161 inpatient procedures, members now have access to information comparing hospitals, common medical tests, and the facilities used to perform them. Your employees can find more information at BlueAccess for Employers – coming this spring at bcbsnm.com/employer.

**New Online Tool Provides Cost Information for Most Common Medical Procedures**

- Because BCBSNM believes an educated consumer will make better health care decisions, we have enhanced our Hospital Comparison Tool (now called the Care Comparison® Tool). Care comparison, a new component of the hospital transparency tool, allows members to make informed decisions when choosing a hospital or facility for common medical procedures and related services.

The Care Comparison Tool provides Blue claims-based cost information for 35 of the most commonly performed elective medical procedures. This easy-to-use tool allows members to review and compare total treatment costs, both professional and facility, for procedures performed at designated facilities in the BCBSNM provider network. Included are specified area hospitals, ambulatory surgery centers, and free-standing radiology centers, including inpatient and outpatient services. Members can also compare cost difference between area facilities by ZIP code.

With the addition of the Care Comparison Tool to our existing Hospital Comparison Tool, which provides measures of quality for 161 inpatient procedures, members now have access to information comparing hospitals, common medical tests, and the facilities used to perform them. In the event you have any questions about the new Care Comparison Tool, please contact your BCBSNM account representative.
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