



December 12, 2022

Out-of-Network Mental Health and Substance Abuse Office Visit Benefit Enhancements on the City Self-Funded Health Plan

Your Self-Funded Health Insurance Committee is pleased to announce that effective January 1, 2023, they have voted to run a pilot program that makes enhancements to the Out-of-Network Mental Health and Substance Abuse Office Visit benefits. These changes are being made in an effort to increase access to behavioral health providers, and decrease the amount of time members and dependents wait to establish care with new providers. Consideration for this pilot program and these plan design changes have come at the request of City leadership who have offered some additional health plan funding for implementation of this pilot program.

How This Affects PPO Plan Members

- Elimination of the Out-of-Network deductible (\$2,000 Individual and \$4,000 Family) for mental health and substance abuse office visits.
- Elimination of the 50% Out-of-Network co-insurance requirement on mental health and substance abuse office visits.
- Implementation of an Out-of-Network mental health and substance abuse office visit benefit of up to \$150.00 per office visit.
- Members may be balance billed by their Out-of-Network provider for billed charges above \$150.00. For members seeing providers that do not contract with insurance, they will be eligible for reimbursement at the lesser of billed charges or \$150.00.
- See the Important Considerations Section below.

CDHP Plan Members – IRS rules around High Deductible Health Plans do not permit us to completely circumvent your deductible. As such, the following structure would apply to these benefit enhancements on the CDHP plan.

- The In-network deductible (\$1,500 Individual and \$3,000 Family) will apply to Out-of-Network mental health and substance abuse office visits, and CDHP members will pay 100% of cost until they have met the In-network deductible on all services they receive under the medical/prescription plan.

- The 50% Out-of-Network co-insurance requirement on mental health and substance abuse office visits will be eliminated.
- Once CDHP members have met their In-Network deductible, they will be eligible for an Out-of-Network mental health and substance abuse office visit benefit of up to \$150.00 per office visit.
- Members may be balance billed by their provider for billed charges above \$150.00. For members seeing providers that do not contract with insurance, they will be eligible for reimbursement at the lesser of billed charges or \$150.00.
- See the Important Considerations Section below.

Important Considerations:

- This is a one-year pilot program to determine if it is feasible from a cost perspective to offer these benefit enhancements on a non-pilot program basis.
- We have developed utilization estimates of this benefit in order to estimate increased cost to the self-funded health plan. However, if actual utilization of this benefit proves to increase costs to the City self-funded health plan at a level that the Committee considers unsustainable, then the Committee may elect to revert to original Out-of-Network plan design at the end of the pilot program, or offer a less robust version of the benefits being offered in this pilot program.
- In consideration of the potential health plan costs associated with a plan design change of this nature, health plan members and dependents should still make every reasonable effort to utilize In-network providers so as to keep the overall cost of mental health and substance abuse office visit benefits at a sustainable level for the City self-funded health plan.
- This pilot program does not apply to in-patient care or any other mental health and substance abuse services outside of office visits.

Submitting Claims for Reimbursement

As mentioned above, if a non-network mental health or substance abuse provider is willing to bill insurance, then you will not be required to submit for reimbursement in order to receive this benefit. If your provider does not bill insurance, then you will need to make payment directly to the provider, and obtain a payment receipt from the provider that includes the following information:

1. Patient name
2. Date of service
3. Description of service
4. Diagnosis code (DX)
5. Treatment code (CPT code)
6. Amount of billed charge / paid amount
7. Name, address, and tax ID number of the provider

You will submit this payment receipt along with a completed UMR claim form found at: <https://bit.ly/COHUMR>. The claim form has filing instructions at the bottom of Page 1 of the form.

Please e-mail MyCOHBenefits@cityofhenderson.com or call Courtney Redsull at (702) 267-1906 if you have questions regarding this pilot program for enhancement of the non-network mental health and substance abuse office visit benefit.