

January 2018

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You can also find *Blue Review* Online at
bcbsnm.com/provider/news/bluereview.html

2018 Holiday Schedule Reminders for 835 and 837 Transactions

The reminders below are intended to assist providers in planning ahead for scheduling variances that may affect electronic claims (837) and/or claims payment and remittance (835) transactions in 2018.

Electronic Claim Reminders

- The Blue Cross and Blue Shield of New Mexico (BCBSNM) Electronic Data Interchange (EDI) gateway is available 24 hours a day, seven days a week, 365 days a year for the submission of electronic claims (837 transactions).
- Customers will receive BCBSNM-automated payer response reports within 24 hours of transmission.
- Claims transmitted to BCBSNM on Saturday, Sunday and Monday are automatically forwarded to the claims adjudication system on the next business day. This processing cycle is not impacted by corporate or banking holidays.

Electronic Payment and Remittance Reminders

- BCBSNM offices will be closed and claims will not be adjudicated on the BCBSNM Holiday Observed Dates indicated in the table below. Please note there are separate columns for BCBSNM Holiday Observed Dates for commercial and government programs claims. Government programs claims include Medicare Advantage only.
- Legal banking holidays will add one day to the normal Electronic Funds Transfer (835 EFT) schedule. This means that the EFT payment will become available the next business day after the file is sent to the bank.
- Payment reports and Electronic Remittance Advice (835 ERA) files for claims adjudicated immediately following an observed holiday will be available for retrieval the next business day. This also affects the Electronic Payment Summary (EPS), which is delivered in conjunction with the ERA for commercial claims only. EPS files are not delivered for government programs claims.

Do you utilize a billing service and/or clearinghouse?

Please contact your vendor(s), if applicable, to determine any additional scheduling reminders they may have that may affect your electronic transaction timelines.

Holiday Name	Calendar Date	Legal Banking Holiday Observed Date	BCBSNM Holiday Observed Date for Commercial Claims*	BCBSNM Holiday Observed Date for Government Programs Claims*
New Year's Day	Mon., 1/1/18	Mon., 1/1/18	Mon., 1/1/18	Mon., 1/1/18
Martin Luther King Jr. Day	Mon., 1/15/18	Mon., 1/15/18		Mon., 1/15/18
Presidents' Day	Mon., 2/19/18	Mon., 2/19/18		
Memorial Day	Mon., 5/28/18	Mon., 5/28/18	Mon., 5/28/18	Mon., 5/28/18
Independence Day	Wed., 7/4/18	Wed., 7/4/18	Wed., 7/4/18	Wed., 7/4/18
Labor Day	Mon., 9/3/18	Mon., 9/3/18	Mon., 9/3/18	Mon., 9/3/18
Columbus Day	Mon., 10/8/18	Mon., 10/8/18		
Veterans Day	Sun., 11/11/18	Mon., 11/12/18		
Thanksgiving	Thurs., 11/22/18	Thurs., 11/22/18	Thurs., 11/22/18 and Fri., 11/23/18	Thurs., 11/22/18 and Fri., 11/23/18
Christmas Holiday	Tues., 12/25/18	Tues., 12/25/18	Tues., 12/25/18	Mon., 12/24/18 and Tues., 12/25/18

**The BCBSNM corporate holiday schedule is subject to change.*

Notice of Annual Benefit Updates

Blue Cross and Blue Shield of New Mexico (BCBSNM) will be updating member files with annual benefit changes over the next several weeks. In addition, updates are in progress due to open enrollment. As always, we encourage you to verify your patients' coverage first using [Availity™](#) or your preferred vendor portal. In the event you are instructed to contact BCBSNM Provider Customer Service, please recognize that hold times may be longer than normal. For patients who are not scheduled for appointments, deferring eligibility and benefit information requests to a later date is appreciated.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM. BCBSNM makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Pharmacy Benefit Tips

For BCBSNM Members with prescription drug benefits administered by Prime Therapeutics, BCBSNM employs a number of industry-standard management strategies to ensure appropriate utilization of prescription drugs. These strategies can include drug list management, benefit design modeling, specialty pharmacy benefits and clinical programs, among others. You can help us achieve these goals by:

1. Prescribing drugs listed on the drug list

The BCBSNM drug lists are provided as a guide to help in the selection of cost-effective drug therapy. Every major drug class is covered, although many of the drug lists cover most generics and fewer brand name drugs. The lists also provide Members with criteria for how drugs are selected, coverage considerations and dispensing limits. While these drug lists are a tool to help Members maximize their prescription drug benefits, the final decision about what medications should be prescribed is between the health care provider and the patient.

BCBSNM drug lists are regularly updated and can be found on the Pharmacy Program section of our website at bcbsnm.com/provider.

Note: For Members with Medicare Part D or Medicaid coverage, the drug lists can be found on the plan's website:

- Blue Cross MedicareRx (PDP): www.bcbsnm.com/medicare/part_d_druglist.html
- Blue Cross Medicare Advantage:
www.bcbsnm.com/medicare/mapd_drug_coverage.html
- Blue Cross Medicare Advantage Dual Care (D-SNP):
www.bcbsnm.com/medicare/snp_drug_coverage.html
- Blue Cross Community Centennial: http://www.bcbsnm.com/pdf/rx/cc_drug_list_nm.pdf

2. Reminding patients of covered preventive medications

Many BCBSNM health plans include coverage at no cost to the Member for certain prescription drugs, women's contraceptive products and OTC medicines used for preventive care services.*

- ACA \$0 Preventive Drug List: www.bcbsnm.com/pdf/rx/rx-aca-prev-list-nm.pdf
- Women's Contraceptive Coverage List: www.bcbsnm.com/pdf/rx/contraceptive-list-nm.pdf

**Not available for all plans. Members should call the customer service number on their ID card to help determine what benefits may be available, including any requirements, limitations or exclusions that apply. Please refer to the Member's certificate of coverage and prescription drug list as there may be coverage for additional products beyond these lists.*

3. Submitting necessary prior authorization requests

For some medications, the Member's plan may require certain criteria to be met before prescription drug coverage may be approved. You will need to complete the necessary prior authorization request and submit it to BCBSNM. More information about these requirements can be found on the Pharmacy Program section of our website at bcbsnm.com/provider.

4. Assisting members with drug list exceptions

If the medication you wish to prescribe is not on your patient's drug list or the preventive care lists, a drug list exception can be requested. You can call the customer service number on the Member's ID card to start the process, or complete the online form at: www.myprime.com/en/coverage-exception-form.html.

Visit the Pharmacy Program section of our website at bcbsnm.com/provider for more information.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSNM contracts with Prime to provide pharmacy benefit management and related other services. BCBSNM, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the Member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the Member and their health care provider.

Online Magazine Spotlight: [How Health Care Veterans Foster \(and Learn from\) Startups](#)

[Making the Health Care System Work](#) is BCBSNM's online magazine that helps tell our story and explore ways we can all work together to make the health care system work better for everyone. Insurers, providers, employers and members all have a vital role to play in finding bold solutions for the future.

Did you catch our recent online magazine article titled, [How Health Care Veterans Foster \(and Learn from\) Startups](#)? Entrepreneurs poised to disrupt health care often aren't familiar with the industry, so they need some guidance to create a viable business – and the industry benefits from the exchange of ideas. This article features video commentary by Dr. Elif Oker, who notes that mentoring entrepreneurs inspires fresh thinking in her role as Executive Director of Digital User Experience. [View the full story here.](#)

Join the Conversation

[Subscribe](#) to get updates from [Making the Health Care System Work](#) delivered right to your inbox. We will let you know when new stories are published and share featured stories that explore how we can help expand access to quality coverage and care, reduce costs and improve health.

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Blue Cross Community CentennialSM (Medicaid)

Not yet contracted?

Providers who are participating in commercial BCBSNM products are not automatically participating providers in Blue Cross Community Centennial. If you are interested in becoming a Blue Cross Community Centennial provider, please call 505-837-8800 or 1-800-567-8540.

Reminder: Update your Enrollment Information

Due to Centennial Care requirements, all enrollment information (changes to demographics, licensure or certification, provider status, etc.) must be updated on the [NM Medicaid Provider Web Portal](#).

Such services are funded in part with the State of New Mexico.

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Federal Employee Program (FEP)

Skilled Nursing Facility (SNF) Benefit Change for FEP Members

How do you treat a senior patient with an FEP Standard Option health plan who is not enrolled in Medicare Part A and needs rehabilitation that a nursing home does not offer? Starting Jan. 1, 2018, these patients will be covered for up to 30 days per benefit year of inpatient SNF care.

Here are some requirements that you need to know:

- The patient must be enrolled in Blue Cross and Blue Shield of New Mexico's (BCBSNM) case management program before being admitted to an SNF.
- Per the Federal Employee Health Benefit Plan, before pre-certifying the SNF admission, a patient's signed consent to be enrolled in the case management program must be filed with BCBSNM. When the patient transfers from an acute care facility, discharge staff will collaborate with the BCBSNM case manager to ensure this consent paperwork is completed by the patient or the patient's guardian.
- When applying for precertification, the requesting provider and discharging acute care facility must submit a detailed description of the patient's clinical status and proposed treatment plan to BCBSNM for review. The treatment plan includes:
 - Rationale for inpatient care
 - Estimated length of stay
 - Medical and rehabilitation therapies to be provided during the stay, including frequency
 - Preliminary short- and long-term goals
 - Plan for discharge, including discharge location and ongoing care
- An SNF representative must provide BCBSNM with updates on the patient's status at least every seven days. Updates convey progress towards goals as well as changes to the treatment and the discharge plan.
- The SNF's attending physician must write the admission orders within 24 hours of a patient's admission.
- Within 12 hours of admission, patients on a ventilator must be seen by a pulmonologist. Respiratory therapy must always be available.
- Within 16 hours of admission, patients who are admitted primarily for rehabilitation must be seen by a physical therapist and have a treatment plan in place. These patients must get at least two hours of physical and occupational therapy, a minimum of five days per week. Documentation must be provided to BCBSNM.

For benefit approval, a patient's information can be faxed to BCBSNM at 877-404-6455. The new utilization management guidelines for SNF services have been added to the FEP Medical Policy Manual. This manual will be available to members at www.fepblue.org after Jan. 1, 2018.

If you have any questions regarding this update or to verify a patient's eligibility, please call **FEP Customer Service at 800-972-8382**.

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Provider Resources

BCBSNM Website

It's important for you to stay informed about news that could affect your practice. Blue Cross and Blue Shield of New Mexico (BCBSNM) offers many ways to stay informed via our website, bcbsnm.com/provider, and our provider newsletter, *Blue Review*.

Signing up is easy. Go to bcbsnm.com/provider, select *Update Your Information*, complete the form, and click *Submit*.

We guard your privacy. BCBSNM treats your email address as confidential. We never sell or give your email address(es) to any third party without your permission.

Don't have email? If you do **not** have an email address, please call 1-800-567-8540 or (505) 837-8800. We can mail paper copies of *Blue Review* to providers.

The *Blue Review* is posted online after the email distribution date—go to bcbsnm.com/provider, then select *Blue Review*.

Stay current with BCBSNM provider news and updates. Visit bcbsnm.com/provider regularly—look under *Education and Reference / News and Updates*.

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Medical Policy Updates

Approved new or revised Medical Policies and their effective dates are usually posted on our website the first and fifteenth of each month. These policies may impact your reimbursement and your patients' benefits. These policies are located under the [Standards & Requirements tab](#) at bcbsnm.com/provider.

Claims inquiries?

Our Provider Service Unit (PSU) handles all provider inquiries about claims status, eligibility, benefits, and claims processing for BCBSNM members. **Call 888-349-3706** For out-of-area claims inquiries, please call the BCBSNM BlueCard PSU at 800-222-7992.

[Network Services Contacts and Related Service Areas](#)

[Network Services Regional Map](#)

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Do we have your correct information?

Maintaining up-to-date contact and practice information helps to ensure that you are receiving critical communications and efficient reimbursement processes. Please complete our quick and easy [online form](#) for any changes to contact or practice information.

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Member Rights and Responsibilities

Blue Cross and Blue Shield of New Mexico (BCBSNM) is committed to ensuring that enrolled members are treated in a manner that respects their rights as individuals entitled to receive health care services. BCBSNM is committed to cultural, linguistic and ethnic needs of our members. BCBSNM policies help address the issues of members participating in decision making regarding their treatment; confidentiality of information; treatment of members with dignity, courtesy and a respect for privacy; and members' responsibilities in the practitioner-patient relationship and the health care delivery process.

BCBSNM also holds forth certain expectations of members with respect to their relationship to the Managed Care Organization and the independently contracted providers participating in Blue Cross Community Centennial. These rights and responsibilities are reinforced in member and provider communications, including those on the Provider website.

BCBSNM encourages all our independently contracted providers to become familiar with the following member rights and responsibilities, so you can assist us in serving our members in a manner that is beneficial to everyone.

[Commercial, Exchange, and FEP](#)
[Blue Cross Community Centennial \(Medicaid\) \(Page S97\)](#)
[Medicare \(Page S20\)](#)

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We want your feedback on *Blue Review*! Have suggestions for future articles? Drop us a line anytime: [NM Blue Review Editor@bcbsnm.com](mailto:NM_Blue_Review_Editor@bcbsnm.com).

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