



BLUE REVIEWSM

A Provider Publication

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Education & Reference

Availity® Claim Research Tool Offers Enhanced Claim Status Results

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[Read More](#)

Provider Signature Attestations for the HHS Risk Adjustment Data Validation Program

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A Call to Immunize New Mexico Children

Providers across the state are invited to help children receive immunizations before school starts by offering after hours or weekend Got Shots! events during July 27, 2019 through August 17, 2019.

Got Shots! is supported by the New Mexico Department of Health, New Mexico Primary Care Association, New Mexico Immunization Coalition (NMIC) and managed care partners including BCBSNM.

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Blue Cross Medicare AdvantageSM (Medicare)

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- Cardiology services for Medicare Advantage patients

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Automated Phone System Offers More Service Options for Medicare Advantage

Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM members and their health care providers now have access to a new Interactive Voice Response (IVR) automated phone system. Please be aware that the new menu options are different from the previous phone system. You now can get the information you need more quickly and easily.

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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 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.

BCBSNM Website

It's important for you to stay informed about news that could affect your practice. BCBSNM offers many ways to stay informed via our website, bcbsnm.com/provider, and our provider newsletter, *Blue Review*. [Signing up is easy](#).

Medical Policy Updates

Approved new or revised medical policies and their effective dates are usually posted on our website the 1st and 15th 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.

Clinical Payment and Coding Policies

BCBSNM has adopted additional clinical payment and coding policies. These policies are based on criteria developed by specialized professional societies, national guidelines (e.g. Milliman Care Guidelines (MCG)) and the CMS Provider Reimbursement Manual and are not intended to provide billing or coding advice but to serve as a reference for facilities and providers. 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. For the BCBSNM BlueCard® PSU, call 800-222-7992. For out-of-area claims inquiries, call 888-349-3706.

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

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 your contact or practice information.

Member Rights and Responsibilities

[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.com/provider

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Availity® Claim Research Tool Offers Enhanced Claim Status Results

One of the most convenient, efficient and secure methods of requesting detailed claim status from Blue Cross and Blue Shield of New Mexico (BCBSNM) is by using an online option such as the Availity Claim Research Tool (CRT)*. The CRT helps providers manage account receivables by viewing details of a single claim or statuses of multiple claims for a specific member in one view.

The CRT allows registered Availity users to search for claims by patient ID, group number and date of service, or by National Provider Identifier (NPI) and specific claim number, also known as a Document Control Number (DCN). The CRT also enables users to obtain real-time claim status, with detailed ineligible reason code descriptions.

The search results page delivers the rendering provider ID and name submitted on the claim. Additionally, the claim status service line break-down returns:

- Service Date
- Revenue/Procedure Code
- Diagnosis Code
- Ineligible Reason Code and Amount
- Copay, Coinsurance and Deductible
- Modifier
- Unit or Time or Mile

This important information is available within a few clicks, lessening the need to speak with Provider Customer Service. For additional information, refer to the [CRT tip sheet](#) in the Education and Reference Center/Provider Tools section of our website at bcbsnm.com/provider. As a reminder, you must be registered with Availity to utilize the CRT. For registration information, visit availity.com, or contact Availity Client Services at 800-282-4548.

Join us for a webinar! BCBSNM hosts complimentary Back to Basics: 'Availity 101' Webinars for providers to learn how to use the CRT and other electronic tools to the fullest potential. You do not need to be an existing Availity user to attend a webinar. To register online now for an upcoming webinar, visit the [Training page](#) in the Education and Reference Center section of our Provider website.

***The CRT is not yet available for government programs claims.** To check claim status in the Availity portal for government programs (Medicare Advantage) claims, providers should use the **Claim Status & Remittance Inquiry tool**, instead of the CRT. The Availity **Claim Status** tool is located under the **Claims & Payments** tab on the Availity home page.

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 provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Provider Signature Attestations for the HHS Risk Adjustment Data Validation Program

For every face-to-face or telehealth encounter medical record documentation must originate from, and be authenticated by, the provider of services who is considered a “permitted provider.” A permitted provider is defined as a physician or any qualified healthcare practitioner who is legally accountable for establishing the patient’s diagnoses. The method used to authenticate a record must be a handwritten or electronic signature. Stamped signatures are not acceptable. If the medical record is signed but a portion of the provider’s name and/or credentials are absent, only partially present or illegible, the medical record is considered incomplete. In these instances, Blue Cross and Blue Shield of New Mexico (BCBSNM) will send the provider of record an attestation statement asking for confirmation of services rendered. The Centers for Medicare and Medicaid Services (CMS) will accept attestations as authentication of medical documentation that was not authenticated at the time of service for the HHS Risk Adjustment Data Validation (RADV) Program.

As with original documentation, attestation statements signed by someone other than the original author of the medical record entry in question are not acceptable. Individuals practicing in the same medical group may not sign for one another in regard to record entries or attestation statements.

There is one exception to missing or illegible credentials. Specifically, if the rendering provider’s name is handwritten or typed and their credentials appear somewhere on the medical record, (for example: next to the physician/practitioner’s signature (handwritten or electronic) or pre-printed with the physician/practitioner’s name on the stationery of the practice) the signature is considered complete and acceptable.

If you have questions, please contact BCBSNM RADV-IVA staff by calling 505-816-5600 or sending an email to NMACAIVA@bcbsnm.com. The table below provides a high-level summary of signature / attestation requirements and is not exhaustive.

Allowable Provider Signature Types

TYPE	ALLOWABLE
Handwritten signature, including credentials	Full Name: Mary C. Smith, MD
Electronic signature, including credentials	Requires authentication by the responsible provider (For example, but not limited to, “Approved by”, “Signed by”, “Electronically signed by”, “Accepted by”)
Signed attestation	Attestation on provider letter head or issued by BCBS of New Mexico

Medical Record Attestations

SIGNATURE DESCRIPTION	SIGNATURE REQUIREMENT MET — ATTESTATION NOT REQUIRED	SIGNATURE REQUIREMENT NOT MET — ATTESTATION REQUIRED
Full signature and credentials included	×	
First initial and last name, credentials included	×	
Initials over a typed or printed name	×	
Unsigned handwritten note, the only entry on the page		×
Unsigned handwritten note, where other entries on the same page in the same handwriting are signed	×	
“Signature on File”		×
Electronic Medical Record with notation “Auto Authenticated”		×

A Call to Immunize New Mexico Children

Providers across the state are invited to help children receive immunizations before school starts by offering after hours or weekend Got Shots! events during July 27, 2019 through August 17, 2019.

Got Shots! is supported by the New Mexico Department of Health, New Mexico Primary Care Association, New Mexico Immunization Coalition (NMIC) and managed care partners including Blue Cross and Blue Shield of New Mexico (BCBSNM).

Got Shots! events give extra opportunities for children to meet school vaccine requirements and may prevent delays in school registration and attendance.

Interested Providers, please:

- Register to participate so your Got Shots! event can be posted on the calendar where interested participants can find an event in their area.
<https://hsc.unm.edu/programs/nmimmunization/gotshot.html>
- Fill out the registration form by June 25, 2019 if you want to receive giveaway items for your event
- See any child who presents for immunizations without an appointment, regardless of whether they are a patient or whether they have insurance
- Bill insurance for the administration fee reimbursement, but during your event, we ask that you immunize all children at no cost to the parent, including co-pays
- Enter all vaccines into NMSIIS completely and timely

To register as a *Got Shots!* provider, see the accompanying Registration form and letter. For questions, contact Maggie June or Anna Pentler at the NM Immunization Coalition, 505-272-3032 or Karen Sakala at the NM Primary Care Association, 505-855-6977. BCBSNM thanks you for considering participation in *Got Shots!* to help keep New Mexico's children healthy!

Changes to Behavioral Health Claim Review Coming

Effective July 15, 2019, we have updated our internal review process for behavioral health claims that require benefit preauthorization. Please note that only the claim review process is being updated. The specific services requiring benefit preauthorization and the process for submitting benefit preauthorization requests are **not** changing.

You may be asking how this impacts you. We need your help to ensure claims are billed properly. Please remember, for all claims:

- Check eligibility and benefits for each patient prior to rendering services. This will help you determine if benefit preauthorization is required.
- Receive any required preauthorization before care is rendered.
- Bill industry standard codes to expedite claim payment and provide satisfactory customer service for our members.

In [April](#), we told you that claims without the appropriate preauthorization will be denied for payment. We want to clarify that statement that billing treatment for our members without the required preauthorization may delay payment of your claim. If your claim is delayed for lack of preauthorization you will have an opportunity to submit medical records for review.

For more information, refer to the Preauthorization page in the Claims and Eligibility section of our website at bcbsnm.com/provider.

This change does not affect Blue Cross and Blue Shield of New Mexico (BCBSNM) Federal Employee Program®, Medicare or Medicaid members.

Out-of-State Electronic Remittance Advice (ERA)

Enrollment Notification

Out-of-state providers should specifically contact their local Blue Cross and Blue Shield (BCBS) Plan for Electronic Remittance Advice (835 ERA) enrollment. If an existing enrollment is already on file with the local BCBS Plan, then ERA files will be transmitted electronically to the provider under the Blue Cross Blue Shield Association BlueCard® program.

BlueCard is a national program that enables members of a BCBS Plan to obtain health care services while traveling or living in another BCBS Plan's service area.

Providers requesting to receive ERAs for Medicare Secondary Crossover claims should also make that request with their local BCBS Plan.

For ERA enrollment instructions and/or other inquiries regarding ERA processing, please contact your local BCBS plan.

CMS-Required Training for Dual-Special Needs Plans

November 14, 2018

Providers who treat dually-eligible Medicare and Medicaid members are required by the Centers for Medicare and Medicaid Services (CMS) to complete an annual Dual-Special Needs Plan (DSNP) training on DSNP plan benefits and requirements, including coordination of care and Model of Care elements.

You may also recognize this program as Blue Cross Medicare Advantage Dual Care (HMO-SNP)SM.

Because it is important for providers to complete the required training, Blue Cross Medicare Advantage will inform providers of their specific DSNP Model of Care (MOC) training requirements and expectations. Providers can submit proof of completion by:

1. Completing a computer-based training module issued to them and/or their provider group or,
2. Submitting an attestation after a live training provided by a Network Representative

Blue Cross Medicare Advantage will retain these attestations in each provider's file. The adherence of the required DSNP training is critical to our member's health and care.

If you have any questions about the training or would like a one-on-one training session, please reach out to your assigned [Provider Network Representative](#) at 1-800-567-8540.

Removal of Prior Authorization Requirements for your Medicare Advantage Patients

There are important changes to the prior authorization requirements for your Blue Cross and Blue Shield of New Mexico (BCBSNM) patients enrolled in Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM plans.

Beginning Sept. 1, 2019, prior authorization through eviCore healthcare, an independent specialty medical management company, will no longer be required for:

- Cardiology services for Medicare Advantage patients
- Specialty Therapy (Physical, Occupational, Speech, Chiropractic) services for Medicare Advantage patients

It is important to use Availity® or your preferred vendor to check eligibility and benefits, determine if you are in-network for your patient and whether any prior authorization or prenotification is required. Availity allows you to determine if prior authorization is required based on the procedure code. Refer to the [Eligibility and Benefits](#) web page at bcbsnm.com/provider for more information on Availity. Providers can also refer to the [Preauthorization](#) web page for more information regarding prior authorizations.

For other services requiring prior authorization through BCBSNM, use iExchange® to preauthorize those services. [Refer to this web page](#) for more information or to set up an iExchange account.

Payment may be denied if you perform procedures without obtaining prior authorization when prior authorization is required. If this happens, you may not bill your patients.

As a reminder, it is important to check eligibility and benefits prior to rendering services. This step will help you determine if benefit preauthorization is required for a particular member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSNM's provider website.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits 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 questions, contact the number on the member's ID card.

eviCore healthcare is an independent specialty medical benefits management company that provides utilization management services for BCBSNM. eviCore is wholly responsible for its own products and services. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by eviCore.

iExchange is a trademark of Medecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers.

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BCBSNM makes no endorsement, representations or warranties regarding any products or services offered by Availity, eviCore, or Medecision. The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.

Automated Phone System Offers More Service Options for Medicare Advantage

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Please be aware that the new menu options are different from the previous phone system. You now can get the information you need more quickly and easily. To access the self-service system, call 877-774-8592 and follow the new prompts.

Your menu options include:

- Check eligibility and benefits
 - Check claim status
 - Transfer to customer service for prior authorization
 - Confirm key addresses and fax numbers
- You can also choose to speak to a customer service representative at any time.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized 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, call the number on the member's ID card.