



BLUE REVIEWSM

A Provider Publication

March 2019

BCBSNM's Payer Spaces Updates in Availity® Provider Portal

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[Read More](#)

We Need Your Help to Improve Behavioral Health Care Access!

The way our members find care is our online [Provider Finder®](#) tool. We want to give them the information they need to get the help from the right professional at the right time. As a provider of behavioral health services, please help us make sure we have the right information about your practice. The surveys below will gather details about your practice, so we can make them available to our members.

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Referring Members to In-Network Laboratories

BCBSNM network physicians are required to refer our members, your patients, to participating providers including laboratories. As part of our commitment to help our members manage their health care costs, BCBSNM will be periodically reviewing its out-of-network utilization.

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Importance of Adult Body Mass Index (BMI) Measurement and Management

For many people, balancing life challenges is difficult when it comes to maintaining a healthy weight. Discussing a healthy weight with patients and identifying causes of weight gain or loss are critical conversations that may help prevent disease. Getting in the habit of measuring height,

weight and BMI with every visit may allow patients to better understand how their life style choices are impacting their health.

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BCBSNM Will No Longer Accept Paper Onboarding Forms for Certain Provider Types Effective May 1, 2019

In October 2018, BCBSNM implemented a new electronic Provider Onboarding Form available at bcbsnm.com/provider. This new online form makes it faster and easier for providers to begin the process of joining our provider networks. Starting May 1, 2019, BCBSNM will no longer accept paper applications for certain providers and groups. Any paper applications for these providers and groups will be rejected.

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Are You Using These Shared Decision-Making Aids?

We want to support you as you work to improve the health outcomes of our members. Here is a list of evidence-based shared decision-making (SDM) aids that provide information about treatment options, lifestyle changes and outcomes. This list can also be found on our [website](#). These aids are not intended to replace your guidance, but to complement the conversations you have with your patients. Engaging your patients in decision making can lead to better outcomes and quality of life.

[Read More](#)

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.

For more information about clinical payment and coding policies and to view the policies, please visit the [Clinical Payment and Coding Policies](#) page at bcbsnm.com/provider.

CMS-Required Training for Dual-Special Needs Plans

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.

[Read More](#)

Annual Reminder: Medicare Outpatient Observation Notice (MOON) Required Training for Dual-Special Needs Plans

As of March 8, 2017, hospitals and Critical Access Hospitals (CAH) must give the standardized Medicare Outpatient Observation Notice (MOON) to people who receive Medicare benefits and

are observed as outpatients for more than 24 hours. This includes people with Blue Cross Medicare Advantage (PPO)SM, and Blue Cross Medicare Advantage (HMO)SM health plans.

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Government Programs: Verifying Claim Status in the Availity Provider Portal

A new claim status offering within the Availity Portal has been implemented to better assist providers with obtaining claim details online. Instead of using the Claim Status Inquiry tool, government programs providers can now obtain claim processing details by using the new Claim Status tool.

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Change in Preferred Hepatitis C Agent for Blue Cross Community Centennial Members, Effective March 1, 2019

Effective March 1, 2019, BCBSNM updated its Blue Cross Community Centennial pharmacy formulary to include sofosbuvir/velpatasvir (the authorized generic of EPCLUSA[®]) as the preferred exclusive agent for hepatitis C products for Blue Cross Community Centennial members.

[Read More](#)

2019 HSD Behavioral Health Policy and Billing Manual and Supplement 19-04

The New Mexico Human Services Department (HSD) has posted the final versions of the 2019 Behavioral Health Policy and Billing Manual and associated Supplement 19-04 to the HSD website.

The Manual and Supplement include information about the New Mexico Medicaid Centennial Care 2.0 behavioral health benefit services and requirements, as well as eligible behavioral health agencies, practitioners and facilities.

[Read More](#)

2019 Blue Cross Community Centennial Prior Authorization Updates

BCBSNM has updated the available list of procedure codes requiring prior authorization for Blue Cross Community Centennial members to better align with the current prior authorization requirements.

Effective May 1, 2019, additional codes for incontinence supplies and pharmacy have been added to the [list of procedure codes requiring prior authorization](#) for Blue Cross Community Centennial members.

[Read More](#)

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.

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.

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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BCBSNM's Payer Spaces Updates in Availity® Provider Portal

The Blue Cross and Blue Shield of New Mexico (BCBSNM)-branded Payer Spaces section in the Availity Portal delivers quick access to payer-specific applications, resources and announcements. You must be a registered Availity user to access Payer Spaces. If you are not yet registered, visit [availity.com](https://www.availity.com) and select register, then complete the guided registration process – at no cost.

Updates were recently made to the BCBSNM's Payer Spaces to help providers do business with us more efficiently. Certain tools such as, Refund Management-eRM, NDC Units Calculator Tool and Research Procedure Code Edits have moved from the Resources tab to the Applications tab in our Payer Spaces. Additionally, a new “Filter by Category” option is available in the Resources tab to assist you with locating specific information related to communications, registrations and other available resources. Stay up-to-date with BCBSNM by visiting the News & Announcement section to view important announcements.

Accessing BCBSNM Payer Spaces via the Availity Portal:

1. In the top navigation bar in Availity select Payer Spaces
2. Choose the BCBSNM Payer Spaces option
3. In Payer Space use the tabs to navigate the space and locate the tool or link you need

Some of the applications in Payer Spaces are included in the Availity base role, so it is automatically available to users after BCBSNM adds applications in Payer Spaces. If an application does not display in Payer Spaces, and you need access to it to perform your job, contact your Availity administrator to assign the specific role or permission that gives you access to use these applications.

To learn more about the various electronic tools available to you, visit the [Tools](#) page on our website. If you need additional assistance or personalized training, contact our Provider Education Consultant team at PECS@bcbsnm.com.

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.

Attention: We Need Your Help to Improve Behavioral Health Care Access!

The need for behavioral health care continues to rise across the country¹. For a variety of reasons, 56 percent of people who need behavioral health care do not get it². One reason is because they don't know where to go for help. Blue Cross and Blue Shield of New Mexico (BCBSNM) is making it easier for our members to know where to go.

The way our members find care is our online [Provider Finder](#)® tool. We want to give them the information they need to get the help from the right professional at the right time. As a provider of behavioral health services, please help us make sure we have the right information about your practice. The surveys below will gather details about your practice, so we can make them available to our members. Please take the survey that applies to your practice.

- Professional: <https://bit.ly/2SOIMXA>
- Facility: <https://bit.ly/2FIIHq6>

We will update Provider Finder with the information you provide in the survey.

The surveys will be open from Jan. 21 to March 1, 2019. Skip any questions that do not apply to your practice. Thank you for helping us to connect our members with the behavioral health care they need.

<https://health.usnews.com/health-care/patient-advice/articles/2018-05-25/whats-the-answer-to-the-shortage-of-mental-health-care-providers>;
<https://www.modernhealthcare.com/article/20180324/NEWS/180329964>; <https://www.eab.com/research-and-insights/continuing-and-online-education-forum/expert-insights/2017/mental-health-counselors-demand>
<https://www.nbcnews.com/better/health/mental-health-services-how-get-treatment-if-you-can-t-ncna875176>;<https://www.apa.org/monitor/2018/04/datapoint.aspx>

Referring Members to In-Network Laboratories

Blue Cross and Blue Shield of New Mexico (BCBSNM) works diligently to maintain broad provider networks of hospitals, doctors and other health care providers to ensure our members have access to quality, affordable healthcare. As part of our commitment to help our members manage their health care costs, BCBSNM will be periodically reviewing its out-of-network utilization.

BCBSNM network physicians are required to refer our members, your patients, to participating providers. As a reminder, per the BCBSNM [Provider Reference Manual \(PRM\)](#) sections 4.2.3 (for Primary Care Providers), 4.3.1 (for Specialists) and 6.1.2 (for Facilities and Ancillary Providers), contracted providers must use and refer to other BCBSNM-contracted providers including laboratories.

BCBSNM has established relationships with our contracted lab vendors including, but not limited to, Laboratory Corporation of America (including Medtox), Metwest Inc. dba Quest Diagnostics, and TriCore Reference Labs. Listed below is the contact information for these laboratory providers (also found in PRM section 13.4).

Laboratory Corporation of America	1-800-788-9892
Quest Diagnostics	1-866-697-8378
TriCore Reference Labs	1-800-245-3296

Should you have any questions regarding this requirement, please contact your Provider Network Representative at 505-837-8800.

Importance of Adult Body Mass Index (BMI) Measurement and Management

For many people, balancing life challenges is difficult when it comes to maintaining a healthy weight. Discussing a healthy weight with patients and identifying causes of weight gain or loss are critical conversations that may help prevent disease. For recommendations on management of overweight patients and guidelines for metabolic syndrome, see the [Clinical Practice Guidelines](#) for Management of Overweight and Obesity in Adults and Metabolic Syndrome Guidelines at bcbsnm.com. Note that these

are meant to serve as general guidelines and are not intended to substitute for clinical judgment in individual cases.

According to the [Center for Disease Control and Prevention \(CDC\)](#), people who have obesity, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions including the following:

- All-causes of death (mortality)
- High blood pressure (Hypertension)
- High LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (Dyslipidemia)
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis (a breakdown of cartilage and bone within a joint)
- Sleep apnea and breathing problems
- Some cancers (endometrial, breast, colon, kidney, gallbladder, and liver)
- Low quality of life
- Mental illness such as clinical depression, anxiety, and other mental disorders
- Body pain and difficulty with physical functioning¹

Body Mass Index (BMI) and waist circumference are two measures that you can use as screening tools to estimate weight status in relation to potential disease risk. BMI can be used as a screening tool but is not diagnostic of the body fatness or health of an individual. To calculate BMI divide the patient's weight in kilograms by the square of their height in meters, or use a [BMI Calculator](#) or determine BMI by finding height and weight in this [BMI Index Chart](#).

BMI ranges correspond to classifications such as "overweight" or "morbidly obese," and can be a window into obesity-related conditions. Keep in mind that a health assessment is needed to evaluate an individual's health status and risk.

Getting in the habit of measuring height, weight and BMI with **every visit** may allow patients to better understand how their life style choices are impacting their health. Healthcare Effectiveness Data and Information Set (HEDIS) measures provider performance by requiring a biennial BMI measurement for patients 20 years of age or older. For patients 18 to 20 years old, a BMI percentile is also required at least every two years.

Providers should work together with patients to promote healthy choices regarding weight management and improving BMI. Printed materials or online links regarding weight and associated risks may be beneficial for your patients. Identify achievable goals with individuals and celebrate efforts and achievements!

¹ <https://www.cdc.gov/healthyweight/effects/>

² https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

BCBSNM Will No Longer Accept Paper Onboarding Forms for Certain Provider Types Effective May 1, 2019

In October 2018, Blue Cross and Blue Shield of New Mexico (BCBSNM) implemented a new electronic [Provider Onboarding Form](#) available at bcbsnm.com/provider. This new online form makes it faster and easier for providers to begin the process of joining our provider networks.


This online form should be completed by:

- Individual providers that would be new to our networks

- Provider groups that would be new to our networks
- Existing contracted groups or facilities who are adding a new provider

Starting May 1, 2019, BCBSNM will no longer accept paper applications for those providers and groups listed above. Any paper applications for these providers and groups will be rejected.

Starting May 1, 2019, Paper applications will only be accepted for New Mexico Medicaid Atypical Providers, Urgent Care Centers, and new Facilities (including Behavioral Health) and Ancillary Providers.

If you have any questions, please contact your [Provider Network Representative](#) .



Shared Decision-Making Aids

Below is a list of evidence-based shared decision-making (SDM) aids that provide information about treatment options, lifestyle changes and outcomes. These aids are not intended to replace your guidance, but to complement the conversations you have with your patients. Engaging your patients in decision making can lead to better outcomes and quality of life.

[Mayo Clinic Shared Decision Making National Resource Center](#)

- Cardiovascular Primary Prevention Choice
- Depression Medication Choice
- Diabetes Medication Choice
- Osteoporosis Decision Aid
- PCI Choice
- Smoking Cessation Around the Time of Surgery
- Rheumatoid Arthritis (RA) Choice
- Statin Choice Electronic Decision Aid

[Cincinnati Children's James M Anderson Center for Health Systems Excellence](#)

- ADHA treatment for school age child
- Diarrhea treatment with Lactobacillus GG
- Human Papilloma Virus HPV vaccination
- Hydroxyurea for Sickle cell anemia
- Treatment for children with Autism
- Behavior concerns in young children
- Juvenile Idiopathic Arthritis treatment
- Fertility preservation for children newly diagnosed with cancer
- Treatment of obstructive Sleep Apnea
- Weight loss for Adolescents

[Dartmouth-Hitchcock Center for Shared Decision Marking](#)

- **Decision Support Toolkit for Primary Care**

The following seven steps offer a framework for implementing patient decision support in primary care:

- Step 1: Leadership
 - Step 2: Goals and Scope of Project
 - Step 3: Assessment
 - Step 4: Decision Support Tools
 - Step 5: Education and Training
 - Step 6: Implementation
 - Step 7: Quality Monitoring Tools
- **Decision Support Toolkit for Specialty Care**
 - **Breast Cancer**
 - Early Stage Breast Cancer Toolkit – Guidelines and tools for integrating decision support into clinical care for women newly diagnosed with early stage invasive breast cancer.
 - Ductal Carcinoma in Situ (DCIS) Toolkit – Guidelines and tools for integrating decision support into clinical care for women newly diagnosed with ductal carcinoma in situ.
 - Breast Reconstruction Toolkit – Guidelines and tools for integrating decision support into clinical care for women considering immediate or delayed breast reconstruction after breast cancer surgery.
 - **Hip and Knee Osteoarthritis**
 - Hip and Knee Osteoarthritis Toolkit – Guidelines and tools for integrating decision support into clinical care for patients with knee and/or hip osteoarthritis.

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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February 2019

CMS-Required Training for Dual-Special Needs Plans

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.

Annual Reminder: Medicare Outpatient Observation Notice (MOON) Required

As of March 8, 2017, hospitals and Critical Access Hospitals (CAH) must give the standardized Medicare Outpatient Observation Notice (MOON) to people who receive Medicare benefits and are observed as outpatients for more than 24 hours. This includes people with Blue Cross Medicare Advantage (PPO)SM, and Blue Cross Medicare Advantage (HMO)SM health plans.

This notice lets people know why they are not inpatients and what their cost sharing and hospital coverage will be. It must be explained verbally and completed no later than 36 hours after observation begins or sooner if patients are admitted, transferred or released. Patients must sign to confirm they received and understand the notice. If they say "no," the staff member who gave the notice must certify that it was presented.

The MOON and what to do with it can be found at the [Centers for Medicare & Medicaid Services website](#) .

The information provided here is only intended to be a summary of the law that has been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.

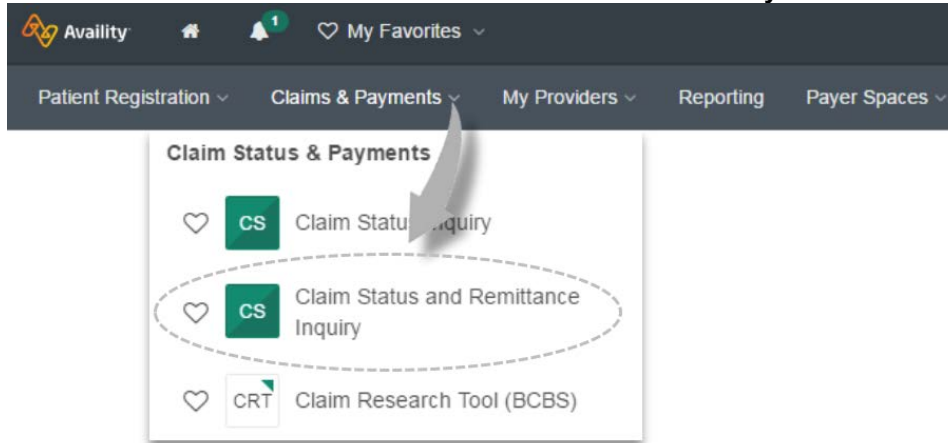
Government Programs: Verifying Claim Status in the Availity® Provider Portal

This notice applies to providers rendering services for the following Blue Cross and Blue Shield of New Mexico (BCBSNM) government programs members:

- Blue Cross Medicare Advantage (HMO)SM
- Blue Cross Medicare Advantage (PPO)SM

A new claim status offering within the Availity Portal has been implemented to better assist providers with obtaining claim details online. Instead of using the Claim Status Inquiry tool, government programs providers can now obtain claim processing details by using the new Claim Status tool.

How to access and use the new Claim Status tool via Availity Portal:



- Log into [availity.com](https://www.availity.com)
- Select the "Claims & Payment" tab from the main menu and select "Claim Status and Remittance Inquiry"
- Next select "Claim Status"
- Choose the applicable government programs payer from the drop-down list
- Enter the essential provider, patient and claim data

Important claim status information is available within a few clicks, lessening the need to speak with a Customer Advocate. As a reminder, you must be registered with Availity to utilize the Claim Status tool. For registration information, visit [availity.com](https://www.availity.com), or contact Availity Client Services at 800-282-4548.

Additional Support

Learn how to use this new Availity offering by attending an Availity 101 training webinar hosted weekly by BCBSNM. To register for an upcoming session, refer to the [Training page](#) on our provider website. If you need further assistance or customized training, email our Provider Education Consultant team at PECS@bcbsnm.com.

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Change in Preferred Hepatitis C Agent for Blue Cross Community CentennialSM Members, Effective March 1, 2019

Effective March 1, 2019, Blue Cross and Blue Shield of New Mexico (BCBSNM) updated its Blue Cross Community Centennial pharmacy formulary to include sofosbuvir/velpatasvir (the authorized generic of EPCLUSA®) as the preferred exclusive agent for hepatitis C products for Blue Cross Community Centennial members. When choosing sofosbuvir/velpatasvir for their patients who are Blue Cross Community Centennial members, providers should write prescriptions for "sofosbuvir/velpatasvir," or specifically mark that the generic is requested. The prescription will not automatically be switched for the generic if only the brand name is written in the prescription.

Blue Cross Community Centennial members currently using other combination hepatitis C products may continue their current hepatitis C medication regimen with no changes at this time; this update will therefore not disrupt their current hepatitis C pharmacotherapy.

For questions regarding coverage, please refer Blue Cross Community Centennial members to the Member Services phone number on the back of their insurance ID card.

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

EPCLUSA is the trademark of Gilead Sciences, Inc., or its related companies.

Prime Therapeutics, LLC is a separate company that serves as the Pharmacy Benefit Manager for Blue Cross Community Centennial.

Nothing in this communication is a substitute for the independent medical judgment of a health care provider. Providers must use their own best medical judgment based upon all available information and the patient's condition in determining a course of treatment. Regardless of any benefit determination, the final decision regarding any treatment or service is between the patient and the provider.


2019 HSD Behavioral Health Policy and Billing Manual and Supplement 19-04


The New Mexico Human Services Department (HSD) has posted the final versions of the 2019 Behavioral Health Policy and Billing Manual (Manual) and associated Supplement 19-04 (Supplement) to the HSD website.

The Manual and Supplement include information about the New Mexico Medicaid Centennial Care 2.0 behavioral health benefit services and requirements, as well as eligible behavioral health agencies, practitioners and facilities. The Manual and Supplement identify the Medicaid provider types that are eligible to use non-independently licensed practitioners or non-licensed practitioners such as certified peer specialists.

[View the Manual on the HSD website](#) 

[View the Supplement on the HSD website](#) 


HSD has indicated that the new psychological testing codes 96130, 96131, 96136, 96137, 96132, 96133, 96138, 96139, 96121 will be added to HSD's behavioral health fee schedule. The codes can currently be located on the [HSD general CPT code fee schedule](#)  that can be found on the HSD website.

If after reviewing both the Manual and Supplement you have any questions, please contact your [Provider Network Representative](#) .

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2019 Blue Cross Community CentennialSM Prior Authorization Updates

Blue Cross and Blue Shield of New Mexico (BCBSNM) has updated the available list of procedure codes requiring prior authorization for Blue Cross Community Centennial members to better align with the current prior authorization requirements.


Effective May 1, 2019, additional codes for incontinence supplies and pharmacy have been added to the [list of procedure codes requiring prior authorization](#)  for Blue Cross Community Centennial members. Per the New Mexico Human Services Department (HSD), Effective Jan. 1, 2019, HCPCS Code T1005 for respite care will require preauthorization for additional respite care beyond 30 days or 720 hours per year.

Changes to the list of procedure codes requiring prior authorization are highlighted in blue and include a description of the change. Newly added codes are included at the end of the list.

Services performed without prior authorization may be denied for payment in whole or in part, and you may not seek reimbursement from members.

Member eligibility and benefits should be checked prior to every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. It is strongly recommended that providers **ask to see the member's ID card for current information** and a photo ID to guard against medical identity theft.

To obtain prior authorization through BCBSNM for covered services that continue to require prior authorization, you may continue to use iExchange®. This online tool is accessible to physicians, professional providers and facilities contracted with BCBSNM. For more information or to set up a new account, refer to the iExchange page in the Provider Tools section of our Provider website.

Our goal is to provide our members with access to quality, cost-effective health care. If you have any questions, please contact your [Provider Network Representative](#) .

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been prior authorized 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.

iExchange is a trademark of Medecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity and Medecision. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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