BlueCross BlueShield of New Mexico

BLUE REVIEW℠

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Education & Reference

FEP Blue Focus Prior Authorization Reminder

As a reminder, prior authorization is required for some services for FEP Blue Focus members including, but not limited to, high-tech imaging studies such as magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computed tomography (CT), computed tomography angiography (CTA), nuclear cardiology and position emission tomography (PET) scans.

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New Online Case and Credentialing Status Checkers

Have you submitted a provider onboarding form to add a new provider to your practice, applied for credentialing, or recently updated your existing demographic information on our website? If so, you can now get real-time information about the status of these requests online.

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Well-Child Visits Within the First 15 Months of Life (W15)

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HHS RADV/IVA Medical Records Request Reminder

Thank you for participating in the RADV/IVA validation audit for benefit year 2018, which has been underway since June of this year. We understand that this is a very busy time; however, to comply with the Centers for Medicare and Medicaid Services (CMS) timeline requirements,

we appreciate your full support and cooperation. A BCBSNM representative may be contacting your office or facility to request medical records. If you receive a request for medical records, we ask you respond within three business days.

Records requested for one or more of your patients are part of CMS's random sampling of claims paid for services rendered in the 2018 benefit year. As a reminder, BCBSNM does not pay for medical records.

If you have questions about a RADV/ IVA medical record request, please contact our HHS RADV/IVA representatives at (505) 816-5600.

Faulty Neulasta Onpro Devices Reimbursement

The Neulasta Onpro device makes life a little easier for chemotherapy patients by allowing them to administer the drug Neulasta at home. When a device fails, the patient must go to the doctor's office for the injection to avoid infection.

As a reminder, if this happens, a failed device may not be reimbursable. Please check with the manufacturer or contact your distributor for information on failed devices and drug waste.

As always, only administered drugs along with appropriately related wastage are eligible for billing. Billing that resembles duplicate payment for a failed device may be indicated on your statement and will be recouped. If this occurs, please contact the manufacturer for possible replacement.

Blue Cross Medicare Advantage℠ (Medicare)

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

Medicare Advantage Updates to Provider Finder® Coming in September 2019

Does your patient who is a Blue Cross Medicare Advantage member need help finding an in-network specialist or facility for a consultation or procedure? This September we anticipate the release of our enhanced online Provider Finder tool. This tool will be available to our Medicare providers and make finding the care your Medicare members need a lot easier.

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Blue Cross Community Centennial℠ (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

FEP Blue Focus Prior Authorization Reminder

Thank you for serving our Federal Employee Program® (FEP) Blue Focus members. As a reminder, prior authorization is required for some services for FEP Blue Focus members including, but not limited to, high-tech imaging studies such as magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computed tomography (CT), computed tomography angiography (CTA), nuclear cardiology and position emission tomography (PET) scans.

For information on FEP Medical Policies and Utilization Management Guidelines, please refer to the Policies & Guidelines section at www.fepblue.org.

We encourage you to check eligibility and benefits for FEP members via an electronic 270 transaction through the Availity® Provider Portal or your preferred vendor portal. If you have any questions, call the number on the member's ID card.

Blue Cross and Blue Shield of New Mexico is proud of our long history of serving federal employees, retirees and their families with products that deliver high-quality, comprehensive coverage. We appreciate your continued partnership in serving our FEP members.

Checking eligibility and benefits and/or obtaining benefit prior authorization/pre-notification or predetermination of benefits is not a guarantee that benefits will be paid. Payment is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations and exclusions set forth in your patient's policy certificate and/or benefits booklet and/or summary plan description. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient. If you have any questions, please call the number on the member's BCBSNM 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.

New Online Case and Credentialing Status Checkers

Have you submitted a provider onboarding form to add a new provider to your practice, applied for credentialing, or recently updated your existing demographic information on our website? If so, you can now get real-time information about the status of these requests online.

Case Status Checker

The Case Status Checker provides information on the progress of your Provider Onboarding applications, Demographic Change requests and certain email inquiries. When you initiate any of the above processes, you will receive an email from us with a unique case number. To check the status, enter the **case number** in our Case Status Checker.

Credentialing Status Checker

The Credentialing Status Checker provides information on the progress of your credentialing request. To check the progress, enter your National Provider Identifier (**NPI**) or state **license number** where indicated in the Credentialing Status Checker.
For more information refer to the Network Participation page on our Provider website.

New Addresses for Claims Overpayment Returns

Beginning Oct. 1, 2019, we will be using new remittance addresses for claim overpayment returns. They will appear on the remittance form you receive in the mail with refund requests.

To avoid delays, please use the new addresses below. You may also continue to use our electronic process.

Medicare/Medicaid Returns

Remittance Address:	**Blue Cross Blue Shield of New Mexico** Claims Overpayments Dept. CH 14212 Palatine, IL 60055-4212
Courier Address:	**Blue Cross Blue Shield of New Mexico** Claims Overpayments Box 14212 5505 North Cumberland Ave., Ste. 307 Chicago, IL 60656-1471

Claims Refunds for Non-Medicare/Medicaid Claims

Remittance Address:	**Blue Cross Blue Shield of New Mexico** Refund and Recovery Dept. 0695 P.O. Box 120695 Dallas, TX 75312-0695

Overpayment returns received at our old addresses will be forwarded for a minimum of 90 days. After the forwarding service ends, any payments submitted to the old addresses will simply be returned to the sender.

Please contact your Provider Network Representative if you have any questions.

Respond Electronically to Medical Record Requests for Quality and Risk Adjustment, and soon Claims, via Availity® Provider Portal

Currently, the Medical Attachments application within the Availity portal allows you to electronically respond to quality and risk adjustment medical record requests from Blue Cross and Blue Shield of New Mexico (BCBSNM). **After Oct. 1, 2019**, you will also be able to use this optional application to electronically respond to medical record requests from BCBSNM to more efficiently support claims processing.
Submitting requested medical record information online is easy. Once logged into the Availity portal, medical record requests from BCBSNM will display in the Notification Center. You may then respond by uploading and submitting documentation using the Medical Attachments application. You may also track and audit your submissions within the Medical Attachment application.

You must be a registered Availity user to receive and respond to these requests online using the Medical Attachments application. To enable this feature, practice administrators must first log into Availity, select Enrollment Center, then choose Medical Attachments Setup and enter the required data. Administrators are encouraged to complete this online setup now to ensure your organization is ready to receive new medical record requests for claims processing, once this new feature is implemented.

We are excited to offer more payer-provider solutions within your daily Availity workflow. Integrating this new electronic medical records submission capability has the potential to reduce in-person visits to retrieve medical records and administrative challenges associated with mailing or faxing paper submissions. (Mailing and faxing medical records remain options for all participating providers.)

Continue to watch our News and Updates for upcoming online training sessions and other educational resources. If you have questions, contact our Provider Education Consultants at pecs@bcbsnm.com.

Not registered with Availity? Go to availity.com and complete the online application, at no charge. For more information, refer to **Availity Portal Attachments Tools — Getting Started Guide**.

Well-Child Visits Within the First 15 Months of Life (W15)

At Blue Cross and Blue Shield of New Mexico, we are committed to offering support and resources to physicians to achieve the highest level of care possible for their patients, our members, in order to achieve the best possible health outcomes. Thank you for your dedication to ensure that your patients receive exceptional care.

Healthcare Effectiveness Data and Information Set® (HEDIS) was developed and is maintained by the National Committee for Quality Assurance (NCQA) to standardize and measure quality for all patients. The Office of Personnel Management (OPM) reviews HEDIS performance of certain measures for Federal Employee Program (FEP) members. One of these measures focuses on well-child visits for infants and children within the first 15 months of life. With the assistance of the Centers for Medicare & Medicaid Services (CMS) and the American Academy of Pediatrics, NCQA has developed this measure with a goal to promote optimal health outcomes for infants and children through regular well-child visits. Medical record documentation must include a comprehensive visit note from the primary care physician, date of the visit, history to include physical health, physical development, mental development, a physical exam, and health education and recommendations. Documentation of these metrics is appropriate to demonstrate a well-child visit when performed by a primary care physician. Well-child exams may be performed even if the office visit is to treat illness.

Generally, it is recommended that infants and children receive at least ***six well-child visits within the first 15 months of life***. The ages for well-child visits, as recommended by the Aerican Academy of Pediatrics' Bright Futures Periodicity Schedule, are:

- Newborn
- One month
- Two months
- Six months
- Nine months
- 12 months
- 15 months

Below is a chart for easy access for commonly-used routine office visit codes. For your reference, the following are just a few of the approved NCQA codes. For a complete list, please refer to the NCQA website at www.ncqa.org.

DESCRIPTION	ICD-10 CODE
Health examination for newborn under eight days old	Z00.110
Health examination for newborn eight to 28 days old	Z00.111
Encounter for routine child health examination with abnormal findings	Z00.121

Encounter for routine child health examination without abnormal findings	Z00.129
Encounter for other general examination	Z00.8
Encounter for health supervision and care of other healthy infant and child	Z76.2

New and Exciting Functionality Coming to the Claim Research Tool (CRT) via Availity® Provider Portal

Effective Aug. 26, 2019, Out-of-Network Line Level Detail Available in CRT

Providers can view out-of-network patient responsibility in the service line details when using the Claim Research Tool (CRT) in the Availity Portal. This enhancement will help providers identify if the patient liability was applied to the out-of-network co-payment, coinsurance, and/or deductible.

Effective Sept. 23, 2019, Cotiviti, INC. Rationale and Additional Action(s) Coming to CRT

Cotiviti Code Audit Rationale enhancements:

The CRT will be enhanced to offer greater specificity for Cotiviti (formerly known as Verscend) claim denials. Once implemented, providers will see the Cotiviti code-auditing logic descriptions for finalized claims. These expanded claim details will be available for claims finalized Aug. 26, 2019 and after.

Additional Action(s) enhancements:

Providers will see additional action(s) that will provide instruction for specific denials for finalized claims. These instructions will help providers understand what further action may be needed as a result of how the initial claim processed.

CRT Reminders:

- The CRT is not yet available for government programs (Medicare Advantage) claims.
- Locate duplicate claims, along with the original by performing a Patient ID search.
- When using the Patient ID search to locate Federal Employee Program® (FEP®) claims, utilize group number 0FEPNM.
- When using the Patient ID search to locate out-of-state member claims, utilize generic group number 123456.
- Claim adjustments are identified by two-digits suffix on the claim number. For example, claim number 123456789D10X**00** indicates it is an original submission. Claims ending with suffix **01** indicate the claim has been adjusted once.

For additional information, refer to the CRT tip sheet in the Tools section on 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.

Stay Informed! Continue to watch for future *News & Updates* announcements and helpful resources. If you have additional questions about these enhancements, you may contact the Provider Education Consultants at PECS@bcbsnm.com.

Cotiviti, INC. is an independent company that provides medical claims administration for BCBSNM. Cotiviti is solely responsible for the products and services that it provides. 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 Cotiviti and Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

IVR Phone System: Consolidated Benefit Response

Blue Cross and Blue Shield of New Mexico (BCBSNM) is committed to helping you stay aware of changes being implemented within our self-service channels. Starting Aug. 26, 2019, the Interactive Voice Response (IVR) phone system will be enhanced to consolidate benefit responses for services that have the same benefit details.

This IVR enhancement will improve provider efficiencies and ultimately reduce your call time. Previously, for example, if a caller requested chemotherapy benefits in the IVR, the system would return coverage for each individual provision of chemotherapy, radiation therapy, and office visit. Now the IVR combines these services and returns one benefit quote for all provisions when the coverage level is the same. The IVR main menu options have not changed and providers will continue to navigate the phone system as they do today.

For IVR navigational assistance, refer to the Eligibility and Benefits Caller Guide located on the IVR System page of our Provider website.

As a reminder, checking eligibility and benefits electronically through the Availity® Provider Portal or your preferred web vendor is the quickest way to access coverage information for BCBSNM members.

To verify eligibility and benefits via phone for Medicare Advantage members, refer to the number on the member's ID card.

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.

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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)℠.

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.

Medicare Advantage Updates to Provider Finder® Coming in September 2019

Does your patient who is a Blue Cross Medicare Advantage℠ member need help finding an in-network specialist or facility for a consultation or procedure? This September we anticipate the release of our enhanced online Provider Finder tool. This tool will be available to our Medicare providers and make finding the care your Medicare members need a lot easier.

Our new Provider Finder is visually appealing and easy to navigate with a streamlined menu and filter options. The filter and sort options will include:

- Specialty
- Accepting new patients
- Distance (with map tool)
- Member rating
- Gender of provider
- Quality metrics & awards
- Best match (weighted by quality, cost and accessibility)

We try to ensure the information within Provider Finder is correct but the information we receive from providers is not always accurate or up to date. Please advise your patients to call and confirm the provider is in-network and seeing new patients.

Please help our members find you by making sure ***your information*** is accurate and up-to-date by visiting the current Provider Finder. We've created a step-by-step guide to help you navigate Provider Finder. If you have any changes, use our Demographic Change Form.