BlueCross BlueShield of New Mexico

Network Participation
Frequently Asked Questions

Q1. If I am uncertain if I am participating in a network for a particular product, how can I check to confirm my participation status?

A. Network participation is defined fully within your (or your group's) BCBSNM contract. You can also confirm the networks in which you participate by:

- Checking BCBSNM online Provider Finder® to identify your participation by network type.
- Asking your (or your group's) BCBSNM provider network representative.

Q2. How can I identify a patient's network for the plan they have chosen?

A: The member's ID card displays the name of the plan that they have selected, which also indicates the network

Check BCBSNM's online Provider Finder to locate your status or to find other in-network professional and ancillary providers and hospitals.

- Select the "Network Type" from the drop down list
- Choose the plan listed on the member's ID card
- You can then select a provider type to narrow the results, or click "Find" to see a list of all participants in that plan.

The list is updated regularly, so it is strongly recommended that you check the list each time a referral is needed.

Q3. Why is checking Eligibility and Benefits important?

A. Whenever a patient visits a provider's office and before services are rendered, you should ask to see the member's ID card to check for current eligibility and benefits. While it has always been important to check eligibility and benefits, the following are additional reasons to check for current eligibility and benefits for every visit, even if multiple visits may have been approved:

- Patients may change or cancel their policy
- Eligibility, policies and benefits may change during the course of treatment
- Copays and coinsurance may vary according to the member's benefit plan
- Patient may be in the federally mandated grace period
- Benefits may not be available if services are performed by an out-of-network provider, so identifying network status becomes critical

Q4. What do I need to do if a BCBSNM member requests to see me and I am not in their network? For example: 1) Upon arrival it is determined that I am an out-of network provider for the member's plan, or 2) when a member is scheduling an appointment.

A. At the time the appointment is being scheduled you should ask the member for their ID card to check for current eligibility and benefit. If you are not an in-network provider for a member's plan:

- Inform the member that you are not within their plan's network.
- If the member requests that you treat them, inform the member that your services will be considered out-of-network. The member could be financially responsible for the full cost of provided services, up to billed charges. Remind the member to refer to the benefit booklet and/or call the number on the back of the ID card if he or she has any further questions or would like more information.

Q5: How do I find an in-network provider for patient referrals?

A. You can use our online Provider Finder to locate in-network providers.

- Select the "Network Type" from the drop down list
- Choose the plan listed on the member's ID card
- You can then select a provider type to narrow the results, or click "Find" to see a list of all participants in that plan.

The list is updated regularly, so it is strongly recommended that you check the list each time a referral is needed, whether to professional, ancillary or facility providers.

Q6. Would my patient incur additional costs if I refer an HMO member out-of-network?

A. In most HMO plans, there are typically no benefits for out-of-network services. For example: You are treating Susan, a BCBSNM HMO member, and would normally refer her to your professional colleague for her condition. However, your colleague is not participating in the same network as Susan's plan. You should find and refer Susan to another specialist who is in her plan's network. If Susan receives services from your colleague, she very likely would incur out-of-network charges when a claim is submitted under her policy. Susan could be financially responsible for the full cost of provided services, up to billed charges.

You and your colleague are encouraged to check network status prior to treatment. You can use our online Provider Finder, if possible, to confirm provider participation in the plan, product and network.

Q7. Would I be in compliance with the applicable BCBSNM contract if I refer an HMO member out-of-network?

A. In most instances, referral of a member to an out-of-network provider is not in compliance with your contract. BCBSNM provider contracts typically require use of referrals to other BCBSNM contracted providers.

Q8: What if I am unable to find an in-network provider for my referral?

A. Contact BCBSNM and we will assist in finding in-network providers for you to consider.

Q9: Should I submit claims any differently according to the member's plan?

A. No, there is no change to how claims are submitted or processed. You should follow your normal process.

Verification of 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, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.