BlueCross BlueShield of New Mexico

Blue Review℠

A Provider Publication

June 2017

Please distribute this newsletter, which contains claims, billing, Medical Policy, reimbursement, and other important information, to all health care providers, administrative staff, and billing departments/entities that this email address represents.
You can find *Blue Review* online!

Ideas for articles and letters to the editor are welcome;
emailNM_Blue_Review_Editor@bcbsnm.com

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. Additionally, the Centers for Medicare & Medicaid Services require Blue Cross and Blue Shield of New Mexico (BCBSNM) to make sure that our online Provider Finder® and provider directory are kept current with our provider demographic information. Please complete our quick and easy online form if you have:

- Moved to another location
- Left a group practice
- Changed your phone number
- Changed your email address
- Retired
- Any other changes to your practice information

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. On our website, you may view active, pending and updated policies and/or view draft policies and provide comments. The policies are located under the Standards & Requirements tab at bcbsnm.com/provider.

Office Staff

Claims inquiries? Call the Provider Service Unit (PSU) at 888-349-3706

Our PSU handles all provider inquiries about claims status, eligibility, benefits, and claims processing for BCBSNM members. *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

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. When you visit our website, **bcbsnm.com/provider**, and sign up to receive email updates and our provider newsletter, *Blue Review*, you get better access to timely information on topics. Read more

Member Rights and Responsibilities

BCBSNM members have the right to:

- Available and accessible services when medically necessary, as determined by the primary care or treating physician in consultation with BCBSNM, 24 hours per day, 7 days a week, or urgent or emergency care services, and for other health services as defined by the member's benefit booklet.
- Be treated with courtesy and consideration, and with respect for their dignity and need for privacy.
- Have their privacy respected, including the privacy of medical and financial records maintained by BCBSNM and its health care providers as required by law.
- Be provided with information concerning BCBSNM's policies and procedures regarding products, services, providers, appeals procedures and other information about the company and the benefits provided.
- All the rights afforded by law, rule, or regulation as a patient in a licensed health care facility, including the right to refuse medication and treatment after possible consequences of this decision have been explained in language they understand.
- Receive from their physicians or providers, in terms that they understand, an explanation of their complete medical condition, recommended treatment, risks of the treatment, expected results and reasonable medical alternatives, irrespective of BCBSNM's position on treatment options. If they are not capable of understanding the information, the explanation shall be provided to their next of kin, guardian, agent or surrogate, if able, and documented in their medical record.
- Prompt notification of termination or changes in benefits, services or provider network.
- File a complaint or appeal with BCBSNM or with the New Mexico Superintendent of Insurance and to receive an answer to those complaints within a reasonable time.
- Request information about any financial arrangements or provisions between BCBSNM and its network providers that may restrict referral or treatment options or limit the services offered to members.
- Adequate access to qualified health professionals near their work or home within New Mexico.
- Affordable health care, with limits on out-of-pocket expenses, including the right to seek care from an out-of-network provider, and an explanation of their financial responsibility when services are provided by an out-of-network provider, or provided without required preauthorization.
- Detailed information about coverage, maximum benefits, and exclusions of specific conditions, ailments or disorders, including restricted prescription benefits, and all requirements that they must follow for preauthorization and utilization review.
- Make recommendations regarding BCBSNM's member rights and responsibilities policies.
- A complete explanation of why care is denied, an opportunity to appeal the decision to BCBSNM's internal review, the right to a secondary appeal, and the right to request the assistance of the Superintendent of Insurance. BCBSNM members have the responsibilities to:
- Supply information (to the extent possible) that BCBSNM and its network practitioners and health care providers need in order to provide care.
- Follow plans and instructions for care that have been agreed on with their treating provider or practitioners.

ClaimsXten™ Announces Software Version Upgrade

Beginning on or after July 17, 2017, Blue Cross and Blue Shield of New Mexico (BCBSNM) will perform a system software upgrade for ClaimsXten from version 4.4 to version 6.0. See the Key enhancements. Read more

Utilization Management Determinations

Utilization management (UM) determinations are made by licensed clinical personnel based on the benefit policy (coverage) of a member's health plan, evidence-based medical policies, and the medical necessity of care and service. Blue Cross and Blue Shield of New Mexico does not provide any reward or incentive to employees, providers, or other individuals for decisions that result in determinations that services are not covered; nor do we reward providers for underutilization of services.

If you have questions about criteria for UM decisions and official medical policy, or if you wish to discuss a UM coverage determination, you may contact a medical director at **505-816-2092**. All medical policies are available for review online in the Standards & Requirements section of our website.

Insurers Required by CMS to Conduct ACA Risk Adjustment Program Audit

In 2017, the Centers for Medicare & Medicaid Services (CMS) will conduct another Initial Validation Audit (IVA) to validate the data used when assessing the payment transfers for the Affordable Care Act's (ACA) Risk Adjustment (RA) program. The provider's role is essential to the success of the IVA. Therefore, if any of your patients are selected to be included in the IVA, Blue Cross and Blue Shield of New Mexico (BCBSNM) is asking for your cooperation and commitment to fulfilling the requirements of the IVA. Read more

Appointment Availability and Access Guidelines

As a contracted Blue Cross and Blue Shield of New Mexico (BCBSNM) provider, the following appointment availability and access guidelines should be used to ensure timely access to medical and behavioral health care for our BCBSNM membership. Read more

Receipt of Credentialing Application Notification

Providers interested in becoming a contracted provider with Blue Cross and Blue Shield of New Mexico (BCBSNM) must complete the applicable BCBSNM Participating Provider Interest Form and CAQH Credentialing Application. Upon submission, BCBSNM will notify applicants by certified mail within 10 days of receipt that the credentialing request has been received.

- If the application is found to be complete, the credentialing process will begin according to the 45-day time period set forth in Subsection C of 13.10.28.11 NMAC.
- If the application is found to be incomplete, the 45-day credentialing process **DOES NOT**commence until all requested information has been provided and application deemed complete by BCBSNM.

Additionally, providers can obtain the current status of their credentialing application by contacting the Provider Relations Representative assigned to the region.

A full list of Provider Relations Representatives is available in the Network Contact List under the Contact Us section of the BCBSNM provider website, bcbsnm.com/provider.

Benefit Information Accessible in the IVR Phone System

Starting on Dec. 12, 2016, Customer Advocate assistance was removed for several common benefit categories within the Interactive Voice Response (IVR) phone system. The IVR quotes the same level of patient eligibility and benefits information as a Customer Advocate

provides. Remain assured; our Advocates will continue to be available for more complex benefit quotes. Read more

Online Enrollment Options in Availity™

Blue Cross and Blue Shield of New Mexico (BCBSNM) offers you multiple enrollment opportunities for electronic options through the Availity Web portal, in addition to supporting utilization of standard administrative transactions through Availity or your preferred vendor portal. Instead of faxing or mailing paper enrollment forms, you may complete the ***online*** enrollment options listed below through Availity, at no cost. Read more

Medicaid only

Blue Cross Community Centennial℠ (Medicaid)

Not yet contracted?

Blue Cross and Blue Shield of New Mexico's (BCBSNM) Medicaid plan is Blue Cross Community Centennial.

Providers who are participating in commercial BCBSNM products are not automatically participating providers in Blue Cross Community Centennial. To become a Blue Cross Community Centennial provider, you **must** sign a Medicaid amendment to your Medical Services Entity Agreement (MSEA).

If you have any questions, please call 505-837-8800 or 1-800-567-8540 if you are interested in becoming a Blue Cross Community Centennial provider.

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. Read more

Appointment Availability and Access Guidelines for Blue Cross Community Centennial Members

As a contracted Blue Cross and Blue Shield of New Mexico (BCBSNM) provider for Blue Cross Community Centennial, the following appointment availability and access guidelines should be used to ensure timely access to medical and behavioral health care for our Blue Cross Community Centennial membership. Read more

Billing Medicaid Members

Appointment, interest and carrying charges: MAD does not cover penalties on payments for broken or missed appointments, costs of waiting time, or interest or carrying charges on accounts.

A provider may not bill a MAP-eligible recipient or his or her authorized representative for these charges or the penalties associated with missed or broken appointments or failure to produce eligibility cards, with the exception of MAP recipient eligibility categories of CHIP or WDI who may be charged up to $5 for a missed appointment.

Blue Cross and Blue Shield of New Mexico Managed Care Program Blue Cross Community Centennial Changes, Effective May 20, 2017

To help improve efficiencies in routing, handling and post-adjudication processes for the Blue Cross and Blue Shield of New Mexico (BCBSNM) Blue Cross Community Centennial program, changes impacting electronic transactions and claim submissions will be implemented on May 20, 2017. Blue Cross Community Centennial members are identified by alpha-prefix YIF listed on their BCBSNM identification card. Read more

Blue Cross Medicare Advantage℠

New Preauthorization Requirements through eviCore

In a previous update, Blue Cross and Blue Shield of New Mexico (BCBSNM) communicated the upcoming new preauthorization requirements for Blue Cross Medicare Advantage members.

The Specialty Prior Authorization Program requirement for Blue Cross Medicare Advantage members initially planned to be effective on April 3, 2017, has been delayed. **The new target effective date is June 1, 2017.**

Please note that the list for services requiring preauthorization beginning June 1, 2017, has been updated to **exclude** Cardiac Rhythm Implantable Devices (Crid) and Post-Acute Care (PAC). Both BCBSNM and eviCore will be providing additional information and training opportunities in the coming months on the Provider website at bcbsnm.com/provider and in *Blue Review*.

You will continue to use iExchange® for all other services that require a referral and/or preauthorization. Services performed without preauthorization may be denied for payment, and the rendering provider may not seek reimbursement from members.

* eviCore is a trademark of eviCore healthcare, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of BCBSNM. Physicians, professional providers, facility and ancillary providers who are contracted/affiliated with an IPA/PHO must contact the IPA/PHO for questions and information regarding the preauthorization requirements.

Please note that 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 coverage applicable on the date services were rendered. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.

New Preauthorization Requirements through eviCore

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Read more

Member Rights and Responsibilities

Blue Cross Medicare Advantage members have the right to timely, high quality care and treatment with dignity and respect. Participating providers must respect the rights of all members.

Blue Cross Medicare Advantage members have been informed that they have the following rights and responsibilities. Read more

Federal Employee Program®

Federal Employee Program Self-Measured Blood Pressure Monitoring

The Blue Cross and Blue Shield Federal Employee Program® (FEP) and the American Medical Association (AMA) are working together to provide physicians with resources designed to help improve health outcomes for patients with hypertension or suspected hypertension. This effort supports the goals of the Million Hearts® initiative. Read more

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Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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.

Blue Cross and Blue Shield of New Mexico is committed to the highest standards of business ethics and integrity as well as strict observance and compliance with the laws and regulations governing its business operations.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association.

P.O.Box 27630, Albuquerque, NM 87125-7630

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ClaimsXten™ Announces Software Version Upgrade

Beginning on or after July 17, 2017, Blue Cross and Blue Shield of New Mexico (BCBSNM) will perform a system software upgrade for ClaimsXten from version 4.4 to version 6.0. Key enhancements include, but are not limited to the following:

- V6.0 is now XML formatting with flexibility at header and line levels during claims processing
- The Clear Claim Connection (C3) tool will have a new look and feel; new data fields for greater claim specificity, ICD code set default will now be ICD-10.
- Clinical edit clarifications and related sources will continue to be available

An instruction document will be available by July 17 to assist with learning the navigation in C3.

For more details regarding ClaimsXten, including answers to frequently asked questions, refer to the Clear Claim Connection page on our Provider website at bcbsnm.com/provider. Information also may be published in upcoming issues of the *Blue Review.*

Checks of eligibility and/or benefit information are 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.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

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Insurers Required by CMS to Conduct ACA Risk Adjustment Program Audit

In 2017, the Centers for Medicare & Medicaid Services (CMS) will conduct another Initial Validation Audit (IVA) to validate the data used when assessing the payment transfers for the Affordable Care Act's (ACA) Risk Adjustment (RA) program. The provider's role is essential to the success of the IVA. Therefore, if any of your patients are selected to be included in the IVA, Blue Cross and Blue Shield of New Mexico (BCBSNM) is asking for your cooperation and commitment to fulfilling the requirements of the IVA.

The IVA is expected to begin in June of 2017 and BCBSNM will be working with Tactical Management, Incorporated (TMI) to retrieve the requested medical records that we have to submit to our IVA auditor. Our IVA auditor requires medical records to validate the sampled member's risk score calculation, which is based on the diagnosis codes submitted on a member's claims, as well as through supplemental diagnosis submissions based on medical record review. As BCBSNM providers, you may be asked to provide medical records directly to TMI to validate all the diagnosis codes used in the ACA RA risk score calculation. It is of utmost importance that you respond to these requests in a timely manner.

The IVA will be performed on a sample of members enrolled in ACA-compliant individual and small group plans, both on- and off-exchange. Our IVA auditor will validate medical claims of the sampled members from the previous calendar year. For example, this IVA will be conducted in 2017 but will review claims with dates of service in 2016. Please be aware some of these claims may have been paid in 2017 and are likely to be included in the IVA sample.

We understand that this is a very busy time; however, to comply with CMS' requirements, we appreciate your full support and cooperation as you receive requests from TMI and deliver the requested medical record(s) in a timely manner.

If you have any questions, please contact your Provider Relations Representative at 800-567-8540.

Appointment Availability and Access Guidelines

As a contracted Blue Cross and Blue Shield of New Mexico (BCBSNM) provider, the following appointment availability and access guidelines should be used to ensure timely access to medical and behavioral health care for our BCBSNM membership:

- Routine, asymptomatic, member-initiated, outpatient appointments for primary medical care – within 30 days unless patient requests a later time
- Routine, symptomatic, member-initiated, outpatient appointments for non-urgent primary medical and care – request-to-appointment time no greater than 14 days unless patient requests a later time
- Non-urgent behavioral health care – request-to-appointment time no greater than 10 days unless patient requests a later time
- Primary medical and behavioral health care outpatient appointments for urgent conditions shall be available within 24 hours
- Emergency care – 24 hours a day, 7 days per week
- Specialty outpatient referral and consultation appointments, excluding behavioral health – request-to-appointment time shall generally be consistent with the clinical urgency, but no more than 21 days, unless patient requests a later time

After-Hours Care

PCP offices are to communicate after-hours care either via an answering system or answering service to the member who calls for information and/or instructions as to how to obtain health care when the practitioner's office is closed.

The following after-hours information is to be communicated to the member:

- Current office hours (when to call back)
- Instructions on calling for an office appointment
- Information on how to access the on-call practitioner, as appropriate
- Instructions to call "911" or to go to the emergency room if patient is experiencing a life-threatening condition

Benefit Information Accessible in the IVR Phone System

Starting on Dec. 12, 2016, Customer Advocate assistance was removed for several common benefit categories within the Interactive Voice Response (IVR) phone system. The IVR quotes the same level of patient eligibility and benefits information as a Customer Advocate

provides. Remain assured; our Advocates will continue to be available for more complex benefit quotes.

Blue Cross and Blue Shield of New Mexico (BCBSNM) is committed to providing efficient and secure access to patient information. To better assist providers with understanding the recent IVR change, a list of the benefit categories that are currently contained in the IVR is included below. This listing is continually reviewed and may vary across our different BCBSNM networks, products and/or group policies. *Also included below is a separate category containment list for Federal Employee Program (FEP) members.*

IVR Contained Benefit Categories		
Office Visit	Hospital	Preventive Care
Colonoscopy	Allergy	Ultrasound
Coordinated Home Care	Laboratory	X-ray
Extended Care Facility	Mammogram	EKG
Physical Exam	Inhalation Therapy	Consultations
Pap Smear	Private Duty Nursing	Office Services

FEP IVR Contained Benefit Categories	
Accidental Injury	Maternity
Allergy	Office Visit
Chiropractic Services	Outpatient Physical, Occupational and Speech Therapy
Diagnostic – Lab, X-ray, Outpatient Diagnostic	Vision
Inpatient Benefits – Inpatient Hospital, Inpatient Surgery	

When navigating the IVR to determine patient coverage or connecting with a Customer Advocate to request pre-determination of benefits status, it is imperative that you select the exact benefit category that will be rendered for the patient. This will ensure that you receive the most accurate benefit information associated with your request.

Checking eligibility and benefits electronically through Availity™ or your preferred Web vendor is the quickest way to access information for BCBSNM members. To learn more about online solutions, refer to the Education and Reference Center/Provider Tools section of our website at bcbsnm.com/provider. For IVR navigational assistance, refer to the Eligibility and Benefit Caller Guide found on our Provider website.

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 questions, please call the number on the member's ID card.

Availity is a trademark of Availity, L.L.C., 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.

Online Enrollment Options in Availity™

Blue Cross and Blue Shield of New Mexico (BCBSNM) offers you multiple enrollment opportunities for electronic options through the Availity Web portal, in addition to supporting utilization of standard administrative transactions through Availity or your preferred vendor portal. Instead of faxing or mailing paper enrollment forms, you may complete the ***online*** enrollment options listed below through Availity, at no cost. In addition, Availity provides single sign-on access to several online tools, including those highlighted below. This feature offers you greater convenience and security, without the need for another User ID and password.

Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA)
BCBSNM-contracted providers* may enroll online for EFT and ERA and also make any necessary set-up changes in Availity. The online enrollment process can be completed in near real-time. Providers will receive a confirmation letter acknowledging the enrollment effective date and related information. Once an organization is enrolled for ERA, providers and billing services also gain access to the Availity Remittance Viewer. This online tool permits users to search, view, save and print remittance information, even if the ERA is delivered to an appointed receiver.

**This excludes atypical providers who have not acquired a National Provider Identifier (NPI).*

Benefit Preauthorization – iExchange® *(Single sign-on access)*
Once you are registered as an Availity user, you may enroll through the Availity Web portal for iExchange. This tool supports online submission and electronic approval of benefits for inpatient admissions, as well as select outpatient and clinical pharmacy services. iExchange also offers you an alternative to calling to request status of most benefit preauthorization requests. Additionally, iExchange accepts electronic medical record documentation for predetermination of benefits requests. As a reminder, always check eligibility and benefits first to find out if benefit preauthorization is required for a particular member. Please note that, for behavioral health services, you should continue to use the current fax and telephone benefit preauthorization methods.

Electronic Refund Management (eRM) *(Single sign-on access)*
Registered Availity users also have the opportunity to gain access to eRM, an online tool that helps simplify the overpayment reconciliation process. You will receive electronic notification of overpayments, with the option to deduct from a future payment or pay by check. eRM also permits users access to the **Claim Inquiry Resolution (CIR)** tool, a method of online assistance that helps save your staff time by reducing the amount of calls and specific written inquiries on finalized claims. The eRM and CIR tools are not available for government programs claims.

Learn more…
To learn more about these and other electronic tools and resources, visit the Education and Reference Center/Provider Tools section of our website at bcbsnm.com/provider. Also see the Training page for dates, times and registration for online training sessions on a variety of

topics. For assistance or customized training, contact a BCBSNM Provider Education Consultant at PECS@bcbsnm.com.

Not yet registered with Availity? Visit availity.com and complete the online application today. If you need registration assistance, contact Availity Client Services at 800-AVAILITY (282-4548).

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

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Blue Cross and Blue Shield of New Mexico Managed Care Program Blue Cross Community Centennial Changes, Effective May 20, 2017

To help improve efficiencies in routing, handling and post-adjudication processes for the Blue Cross and Blue Shield of New Mexico (BCBSNM) Blue Cross Community Centennial program, changes impacting electronic transactions and claim submissions will be implemented on May 20, 2017. Blue Cross Community Centennial members are identified by alpha-prefix YIF listed on their BCBSNM identification card.

Electronic Claim Submission Changes

As of May 20, 2017, the payer ID for Blue Cross Community Centennial Professional and Institutional electronic claims will change. Blue Cross Community Centennial Professional and Institutional electronic claims must be submitted using the new payer ID, MC721. If these claims are submitted via direct data entry through the Availity™ Web portal, providers should utilize the drop down payer option of "Blue Cross Community Centennial."

The below table outlines claim submission requirements that will apply to claims submitted for Blue Cross Community Centennial members. Providers may receive claim rejections if the following information is missing or incorrect on these submissions.

Blue Cross Community Centennial Claim Submission Requirements	Electronic Claim Loops and Segments
Billing Provider Taxonomy Code is required on all claims. *(excludes Atypical Providers)*	2000A, PRV03
Billing Provider Address is required on all claims. This should contain the *physical address* and not a P.O. Box or Lock Box.	2010AA, N301/N302
Billing Provider NPI is required on all claims. *(excludes Atypical Providers)*	2010AA, NM109
Rendering Provider Taxonomy Code is required on Professional claims when the Rendering Provider information is submitted at the claim and/or service line level.	2310B, PRV03 (claim level) 2420A, PRV03 (service line level)
Rendering Provider NPI is required on Professional claims when the Rendering Provider is different from the Billing Provider.	2310B, NM109 (claim level) 2420A, NM109 (service line level)
Present on Admission Indicator is required on Institutional claims when the Type of Bill	2300, HI01-9

equals 11X, 12X, 21X, 22X, 65X, 66X, 69X or 89X AND the Principal or External Cause of Injury Diagnosis code is present. *(excludes Acute Care Hospitals)*	
National Drug Code must be an 11-digit value when present on Professional claims.	2410, LIN03

Electronic Claim Submission Rejection

Providers may receive rejections if a Blue Cross Community Centennial member claim is submitted with the BCBSNM commercial payer ID of 00790, instead of MC721. For assistance, refer to the rejection and resolution example below.

Note: The following rejection message may slightly differ for your claim clearinghouses and/or vendors.

Rejection Message:	**Resolution:**
Subscriber ID cannot begin with YIF. To submit a Blue Cross Community Centennial member, submit this claim through Blue Cross Community Centennial (Payer ID MC721).	Verify you are submitting the claim with the correct payer ID. Professional and Institutional claims submitted to BCBSNM commercial payer ID 00790, with the YIF alpha-prefix will result in claim rejections. Blue Cross Community Centennial claims must be submitted electronically with payer ID MC721. The claim must be resubmitted with the correct payer ID.

If you receive claim rejections due to the submission lacking an above requirement, the affected claims must be resubmitted with the necessary information.

Electronic Transaction Changes

Previously, Availity users verified eligibility and benefit inquiries for Blue Cross Community Centennial members using the drop down payer option of “BCBSNM Medicaid.” Starting June 17 2017, when utilizing the Availity Eligibility and Benefit Inquiry (270) or Claim Status Inquiry (276) for these members, the correct drop down payer option to select will be “Blue Cross Community Centennial.”

If you have any questions or need additional information, please contact your Provider Network Representative. Our Provider Network Representatives are available to assist you Monday – Friday, 8 a.m. to 4 p.m. MST, locally (505) 837-8800 or toll-free (800) 567-8540.

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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