



BLUE REVIEWSM

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Education & Reference

COVID-19 Information for Providers

Please check the following Blue Cross and Blue Shield of New Mexico (BCBSNM) resources frequently for updates to important information related to COVID-19:

- [Provider Information on COVID-19 Coverage](#)
- [BCBSNM News and Updates](#)
- [BCBSNM COVID-19 Member Website](#)

Obtain Your Provider Claim Summary (PCS) Online — PCS Mailing Discontinuation as of May 4, 2020

As of May 4, 2020, Blue Cross and Blue Shield of New Mexico (BCBSNM) will discontinue the mailing process for paper PCS receivers. If you currently receive mailed PCS reports and would like to continue to receive via mail or learn more about Reporting On-Demand, you may submit a request to the Provider Education Consultants.

[Read More](#)

Remember to use In-Network Laboratories

BCBSNM network physicians are required to refer our members, your patients, to participating, in-network 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.

[Read More](#)

Stand Up and Be Counted

BCBSNM is committed to ensuring the economic strength of our region and the well-being of our workforce and families. That's why we're encouraging everyone to participate in the 2020 census in New Mexico. To learn more, read this [quest column](#) in the Albuquerque Journal by BCBSNM President Kurt Shipley and New Mexico Association of Commerce and Industry President and CEO Rob Black. If you haven't already, please stand up and be counted and encourage others to complete census questionnaires, whether it's online, on the phone or by a paper questionnaire. For more information, please visit [ICountNM](#).

Blue Cross Medicare AdvantageSM (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](#)

New Annual Wellness Visit Resources for Medicare Providers

We have two new resources to help you care for our Medicare Advantage members during their annual wellness visits: an [Annual Wellness Visit Guide](#) and [Annual Wellness Visit form](#). These resources can help you document our members' visits to more easily meet Medicare requirements. The guide and form are for your use only and do not need to be returned to us.

[Read More](#)

Blue Cross Community CentennialSM (Medicaid)

Required Cultural Competency Training Available Online

The New Mexico Human Services Department (HSD) requires all providers contracted within a New Mexico Medicaid Network, like Blue Cross Community Centennial, to take annual cultural

competency training. This training is intended to include all cultures and not be limited to any particular group and is designed to address the needs of racial, ethnic, and linguistic populations that may experience unequal access to health services.

[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 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](#). Failure to update information on the NM Medicaid Provider Web Portal may result in the denial of claims

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

BCBSNM Website

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

Medical Policy Updates

Approved new or revised medical policies and their effective dates are usually posted on our website the 1st and 15th of each month. These policies may impact your reimbursement and your patients' benefits. These policies are located under the [Standards & Requirements](#) tab at bcbsnm.com/provider.

Clinical Payment and Coding Policies

BCBSNM has adopted additional clinical payment and coding policies. These policies are based on criteria developed by specialized professional societies, national guidelines (e.g. Milliman Care Guidelines (MCG)) and the CMS Provider Reimbursement Manual and are not intended to provide billing or coding advice but to serve as a reference for facilities and

providers. These policies are located under the Standards & Requirements tab at bcbsnm.com/provider.

Claims Inquiries

Our Provider Service Unit (PSU) handles all provider inquiries about claims status, eligibility, benefits and claims processing for BCBSNM members. For the BCBSNM BlueCard® PSU, call 800-222-7992. For out-of-area claims inquiries, call 888-349-3706.

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

Do We Have Your Correct Information?

Maintaining up-to-date contact and practice information helps to ensure that you are receiving critical communications and efficient reimbursement processes. Please complete our quick and easy [online form](#) for any changes to your contact or practice information.

Member Rights and Responsibilities

[BCBSNM policies](#) help address the issues of members participating in decision making regarding their treatment; confidentiality of information; treatment of members with dignity, courtesy and a respect for privacy; and members' responsibilities in the practitioner-patient relationship and the health care delivery process.

bcbsnm.com/provider

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Obtain Your Provider Claim Summary (PCS) Online — PCS Mailing Discontinuation as of May 4, 2020

Are you tired of waiting on your paper mailed provider claim summary (PCS) reports to determine the outcome of claims processed by Blue Cross and Blue Shield of New Mexico (BCBSNM)? No need to wait, you can obtain your PCS online using the Reporting On-Demand tool via the Availity® Provider Portal. Online self-service access to the PCS allows you to acquire claim processing details in just a few clicks.

What is changing?

As of May 4, 2020, BCBSNM will discontinue the mailing process for paper PCS receivers. If you currently receive mailed PCS reports and would like to continue to receive via mail or learn more about Reporting On-Demand, you may submit a request to the [Provider Education Consultants](#).

How do I obtain my PCS reports online?

Providers can view, download and/or print the PCS once BCBSNM processes the claim using the Reporting On-Demand tool, at no cost. This online application is in BCBSNM-branded Availity Payer Spaces and gives you a way to get claim outcome results for multiple patients in one central location. For navigational instructions, refer to the [Reporting On-Demand tip sheet](#) on our Provider website.

Reporting On-Demand is available to registered Availity users. If you are not yet registered with Availity, visit [Availity](#) and complete the online, no cost, guided registration today.

Not Registered for Electronic Remittance Advice (835 ERA)?

The ERA or ANSI 835 transaction is a HIPAA-compliant method of receiving **claim payment and remittance** details. The ERA can be **automatically posted** to your patient accounting system. When you enroll for ERA, you can automatically be enrolled for the electronic payment summary (EPS), which is an electronic version of the PCS.

If you have not yet enrolled to receive 835 ERA or EPS files from BCBSNM, you can enroll online via the Availity Portal. Refer to the [Availity EFT & ERA Enrollment tip sheet](#) for enrollment instructions. Additionally, ERA receivers may also use [Availity's Remittance Viewer tool](#) to search, view, save and print remittance information, even if the ERA is delivered to an appointed receiver.

Training

BCBSNM is hosting complimentary webinars you to learn how to obtain the PCS report online using the Reporting On-Demand tool. Simply click on your preferred date and time below to register.

- [April 14, 2020 – 2 p.m. to 2:30 p.m.](#)
- [April 16, 2020 – 9 a.m. to 9:30 a.m.](#)
- [April 28, 2020 – 1 p.m. to 1:30 a.m.](#)
- [April 30, 2020 – 11 a.m. to 11:30 a.m.](#)

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. eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSNM. BCBSNM makes no endorsement, representations or warranties

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

Remember to use In-Network Laboratories

Blue Cross and Blue Shield of New Mexico (BCBSNM) network physicians are required to refer our members, your patients, to participating, in-network 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 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 Relations Representative](#).

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 periodically reviews its out-of-network utilization.

New Annual Wellness Visit Resources for Medicare Providers

We have two new resources to help you care for our Medicare Advantage members during their annual wellness visits: an [Annual Wellness Visit Guide](#) and [Annual Wellness Visit form](#). These resources can help you document our members' visits to more easily meet Medicare requirements. The guide and form are for your use only and do not need to be returned to us.

What's New?

The [Annual Wellness Visit Guide](#) includes a wellness visit checklist and information on:

- Medicare coverage for wellness visits
- Correct coding for wellness visits
- Guidance to help ensure all member conditions are correctly coded each year
- Coding for other evaluation and management services, such as lab tests
- Preventive services and screenings
- Closing care gaps by performing Healthcare Effectiveness Data and Information Set (HEDIS®) measurements
- Coding tips to help minimize requests for medical records and help expedite claims processing
-

You may use the new [Annual Wellness Visit form](#) during wellness visits. It includes sections for members' medical history, risk factors, conditions, treatment options, coordination of care and advance care planning. It can be used as a digital fillable form or printed and completed by hand during the visit.

Annual Wellness Visits Help Our Members Stay Healthy

Wellness visits provide opportunities to screen for health conditions and manage chronic ones. To support our members' health, you can:

- Remind them to schedule their annual wellness visit for 2020.
- Discuss behavioral and physical health and preventive measures such as healthy weight, fall prevention, diet and exercise.

Members may be able to [earn a reward](#) for getting an annual wellness exam and other screenings. An initial preventive visit and subsequent annual wellness visits have no copay and are provided at no additional out-of-pocket cost for Medicare Advantage members.¹ See [our guide](#) for more information. Additional services may result in member cost-sharing.

It is important that you use the [Availity® Provider Portal](#) or your preferred vendor to check eligibility and benefits before every scheduled appointment. Eligibility and benefit quotes include membership confirmation, coverage status and applicable copayment, coinsurance and deductible amounts. Ask to see the member's BCBSNM ID card and a driver's license or other photo ID to help guard against medical identity theft.

¹ Centers for Medicare & Medicaid Services, Yearly "Wellness" visits, <https://www.medicare.gov/coverage/yearly-wellness-visits>

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