

BLUE REVIEWSM

A Provider Publication

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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](#)

Single Access Point for EFT and ERA Enrollments

Starting **May 3, 2021**, Blue Cross and Blue Shield of New Mexico (BCBSNM) will offer a single access point for enrollment in Electronic Funds Transfer (835 EFT) and/or Electronic Remittance Advice (835 ERA) via the Availity® Provider Portal. As of this date, faxed or mailed EFT or ERA enrollment applications including change/cancel requests will be returned and redirected to the electronic option.

[Read More](#)

Telehealth Place of Service Code Enabled

For your BCBSNM patients, certain telehealth benefit categories can be verified online by submitting an eligibility and benefits request (HIPAA 270 transaction) via your practice management system, the Availity® Provider Portal, or another preferred web vendor.

Note: For Medicare Advantage patients, telehealth benefits can only be verified electronically by using your practice management system or another preferred web vendor.

[Read More](#)

Health Care Quality: Blood Pressure Control — Speaking Out About the ‘Silent Killer’

High blood pressure, or hypertension, is known as a “silent killer” because it usually has no warning signs. Nearly half of adults in the U.S. have hypertension, according to the Centers for Disease Control and Prevention (CDC), and only about 1 in 4 of them have the condition under control. Encourage our members to talk with you about their blood pressure and heart health.

[Read More](#)

The CAHPS® Survey: We All Play a Role

Every year, the Centers for Medicare & Medicaid Services (CMS) sends our members the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This survey collects information about members’ experiences with Medicare Advantage (MA) and/or their prescription drug plan (PDP).

The survey measures important aspects of members’ health care experiences that cannot be assessed by other means. This includes how our members interact with you.

Please encourage your patients to respond to the CAHPS survey if they are selected to participate.

[Read More](#)

Updates Made to the Provider Reference Manual

The Blue Cross and Blue Shield of New Mexico (BCBSNM) Provider Reference Manual (PRM) has been updated, effective April 1, 2021.

Changes to the PRM include, but are not limited to, the following sections:

- 14 — Pharmacy Services

- 15 — Grievance Process for Participating Providers

The updated PRM is available on the [Provider Reference Manual](#) webpage at bcbsnm.com/provider on BCBSNM reminds providers to review the PRM for all changes.

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](#)

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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Note: For Medicare Advantage patients, telehealth benefits can only be verified electronically by using your practice management system or another preferred web vendor.


How to Verify Telehealth Benefit Coverage Online


Select place of service code (02) for Telehealth and then choose one of the following benefits:

- Consultation
- Mental Health
- Mental Health Provider — Outpatient
- Physician Visit — Office: Sick
- Substance Abuse

The eligibility and benefit response (HIPAA 271 transaction) will indicate if the requested telehealth service is a covered benefit on the patient's BCBSNM policy.

Training and Education

- Refer to the [Availity Eligibility and Benefits User Guide](#)  in the Provider Tools section of our website for instructions.
- Visit the [Training page](#) on our website to register for an upcoming Availity 101 session hosted weekly to learn more about online offerings, including the Availity Eligibility and Benefits Inquiry.
- If you would like HIPAA 270/271 transaction education, contact our [Provider Education Consultants](#).

If you are not yet registered with Availity, sign up today at [Availity](#) , at no charge. If you need registration assistance, contact Availity Client Services at **800-282-4548**.

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

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Health Care Quality: Blood Pressure Control

Speaking Out About the ‘Silent Killer’

To support quality care, we are providing information to providers and members to encourage discussions on health topics. Watch for more on health care quality in [News and Updates](#).

High blood pressure, or hypertension, is known as a “[silent killer](#)” because it usually has no warning signs. Nearly half of adults in the U.S. have hypertension, according to the [Centers for Disease Control and Prevention \(CDC\)](#), and only about 1 in 4 of them have the condition under control. Encourage our members to talk with you about their [blood pressure](#) and [heart health](#).

Why Is Blood Pressure Control Important?

Controlling high blood pressure can prevent heart disease and stroke, which are among the [leading causes of death](#) in the U.S. According to the [American Heart Association](#), blood pressure control can also reduce the risk of kidney disease, vision loss, peripheral artery disease and sexual dysfunction.

Closing Care Gaps

Controlling high blood pressure is recognized as a quality measure by the [National Committee for Quality Assurance \(NCQA\)](#). The NCQA recommends controlling both the systolic blood pressure (SBP) and diastolic blood pressure (DBP) in adults as follows:

- SBP < 140 mmHg
- DBP < 90 mmHg

View our [clinical practice guidelines](#) on hypertension.

Best Practices

Best practices include talking with members about:

- Taking medications as prescribed
- Smoking cessation
- Increased physical activity
- Maintaining a healthy weight
- Limiting alcohol intake
- Eating a low-sodium diet
- Returning for follow-up visits. Reach out to members who cancel or miss appointments and assist them with rescheduling as soon as possible.

Best practices also include using the proper codes when filing claims. Proper coding can help identify gaps in care, provide accurate data and streamline your administrative processes.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.