




*Welcome to
Blue Cross Blue Shield of New Mexico
Provider Service Unit*

 ? To direct your call, please say *INTERRUPT Permitted!*

-  **Medical** ✓ (1)
- Pharmacy** (2)
- Dental** (3)
- Behavioral Health** (4)




 ? In order to get eligibility or benefits we'll need your rendering NPI. For claims or any other inquiries, we'll need your billing NPI.

 **Now, what is your 10 digit NPI?**

INTERRUPT Permitted!



 ? Which can I help you with? *INTERRUPT Permitted!*







-  **Eligibility and Benefits** (1)
- Claims** (2)
- Preauthorization** (3)

MAIN MENU



At later points in the flow, you will have an option to easily return here by saying "Main Menu".

LEGEND

-  Phone System Prompt
-  Caller Response Option(s)
-  Phone System Quotes
-  Touch-Tone Allowed
-  Touch-Tone Option
-  Tip



Eligibility



What's the subscriber's id?

INTERRUPT Permitted!



The alpha-numeric portion of the subscriber's ID excluding the 3 character alpha prefix.



A valid New Mexico subscriber ID is required to receive patient-specific information.



What's the patient's date of birth?

INTERRUPT Permitted!



If multiple policies are found, you will be requested to provide the group number. Please respond with six-digit group number for best results.



The month, date and year with the century. (i.e., 07-23-1967 or July 23rd, nineteen sixty-seven)



The system will confirm the patient's name and provide the following:

- Termination or cancel date, *if applicable*
- Current effective date
- Benefits are specific to the provider number entered previously
- Group number
- Alpha prefix
- If pre-existing applies for this date
- Patient's first and last name
- Type of coverage (i.e., PPO, HMO, etc.)
- PCP name or PCP not on file, *if applicable*
- PCP effective date, *if applicable*
- Inquiry confirmation number



You will only hear applicable disclaimer(s) once per call.



Now you can say...

Repeat That ①

Benefit Details ②

Next Patient ③

Main Menu ④

If you need more information, say...Help

INTERRUPT Permitted!



LEGEND



Phone System Prompt



Caller Response Option(s)



Phone System Quotes



Touch-Tone Allowed



Touch-Tone Option



Tip



Benefits

Benefit quotes must be preceded by Eligibility.



Tell me a service.

INTERRUPT Permitted!



Say, for example, Office Visit, Chiropractic Services, or Physical Therapy

Or say, List Them Note: A list will be offered in groups of 5 with precedence based on provider type and/or speciality.

BENEFIT CATEGORY KEY WORDS (Alphabetically Listed)

- Abortion, Acupuncture, Allergy, Ground (or Air) Ambulance, Anesthesia, Assistant Surgeon, Biofeedback, Birth Control, Blood Transfusion, Cardiac Rehab, Catastrophic Protection, Chemical Dependency, Chiropractic Services, Circumcision, Colonoscopy, Consultations, Coordinated Home Care, Cosmetic, Dental, Diabetic Management, Diagnostic/Lab/X-Ray, Dialysis, Drugs, Durable Medical Equipment, Emergency Medical Care, Emergency Room, Extended Care Facility, Family Planning, Hearing, Hospice, Hospital, 23 Hour Observation, Infertility, Injections, Lupron, Maternity, Medical Supplies, Medical Therapeutic, Naprapathic Services, Nutritional Counseling, Office Services, Office Visit, Organ Transplants, Orthotics, Prosthetics, Pap Smear, Physical Exam, Therapies, Podiatry, Preventive Care, Private Duty Nursing, PSA, Self Injectables, Smoking, Sterilization, Surgery, TMJ, Urgent Care, Routing Vision, Wigs

1 Further specify as: CAT Scan, MRI, X-Ray, Laboratory, Ultrasound, PET Scan, EKG, Mammogram, Pathology, Sleep Study, Stress Test, or Other

2 Further specify as: Behavioral Health, Chemo Therapy, Mixed Therapy, Physical Therapy, Hydro Therapy, Occupational Therapy, Speech Therapy, Inhalation Therapy, Home Infusion, Respiratory



If member is a Federal Employee, there are only 16 benefit categories from which to choose:

- Allergy, Chiropractic Svcs., Office Visit, Inpatient Benefits, Outpatient Benefits, Diagnostic / Lab and X-ray, Physical, Occupational or Speech Therapy, Preventive Care, Emergency Accident Care, Maternity, Behav. Health or Chem. Dep., Durable Medical Equipment, Hospice or Home Nursing Care, Drugs, Dental, Catastrophic Protection



Where is the service being rendered?



- Say, Office, Outpatient, Inpatient, Emergency Room, Home, Other Location

INTERRUPT Permitted!



The system will quote the following:

- If the provision is/is not covered, If a preauthorization is/is not required, Copay amount, Deductible amount, If deductible met and amount YTD, If policy is contract year or calendar year, What % services are payable, If visit max applies and number of visits YTD, Out-of-pocket limit per contract/calendar year and amount met YTD, Maximum units per care interval, Lifetime max amount, Inquiry confirmation number



Would you like for me to fax this information to you?

Say... Yes

What is your fax number including the area code?

Thanks, Our goal to to have this to you within the hour. Please allow to the end of the business day.

Say... No



Say... Repeat That

Check Another Benefit

You can also say...

Next Patient

Claims Address

Main Menu

Customer Advocate



INTERRUPT Permitted!

INTERRUPT Permitted!



LEGEND: Phone System Prompt, Caller Response Option(s), Phone System Quotes, Touch-Tone Allowed, Touch-Tone Option, Tip



Claims

Which are you calling for? INTERRUPT Permitted!

Claim Status
A specific claim number
Or, a claims mailing address

What's the subscriber's id? INTERRUPT Permitted!

The numeric portion of the subscriber's ID as it appears on the ID card.

And, what's the date of service? INTERRUPT Permitted!

The month, date and year with the century. (i.e., 07-23-1967)

System will verify claim with billed amount.

Is this the one you're looking for? INTERRUPT Permitted!

Yes Note: If No, system will prompt for more information (sp., end date of service).

The system will provide the following when: You will only hear applicable disclaimer(s) once per call.

Claim is finalized:

- Claim number
Total charges billed
Amount paid
Payee
Check number
Process date
Date paid
Patient share
Amount applied to deductible and coinsurance
If adjusted, date and payment
If not paid, denial reason description

Claim is in-processing:

- Claim receipt date
Claim number

Hear the details, when available:

- Procedure code
Billed amount
Amount paid
Amount applied to deductible
Amount applied to coinsurance
If denied, denial reason description

You can say... INTERRUPT Permitted!

- Repeat That (1)
Hear the Details (when available) (2)
Check Another Claim (2)
Next Patient (3)
Main Menu (4)
Customer Advocate (0)

LEGEND
Phone System Prompt
Caller Response Option(s)
Phone System Quotes
Touch-Tone Option
Tip