



BlueCross BlueShield of New Mexico

Provider Training 2017

Commercial and Medicare Plans

Agenda



- Welcome
- About BCBSNM
- Your Provider Relations Representatives
- Network Products
- Medicare Advantage
HEDIS and Stars
- Initial Validation Audit
- Provider Credentialing
- Claims
- Prior Authorizations
- Appeals and Grievances
- BCBSNM Provider Website
- Online Tools
- Availability
- eCommerce
- Questions

Health Care Service Corporation (HCSC)



- Largest customer-owned health insurance company in the United States
- Nearly 15 million members
- Over 21,000 employees



**Blue Cross and
Blue Shield of
Illinois**



**Blue Cross and
Blue Shield of
Montana**



**Blue Cross and
Blue Shield of
New Mexico**



**Blue Cross and
Blue Shield of
Oklahoma**



**Blue Cross and
Blue Shield of
Texas**



BlueCross BlueShield of New Mexico

Your Provider Relations Representatives





Provider Relations Representative



- The BCBSNM Provider Network Management Department is made up of several teams with one goal: Working together to deliver the best possible service to you, our contracted providers.
- Our Provider Relations Representative (PRRs) serves as the liaison between BCBSNM and our contracted provider community, developing and maintaining working relationships with their assigned providers.
- The staff specializes in developing solutions and producing data to help you make more informed choices when servicing our members and your patients.



BlueCross BlueShield of New Mexico

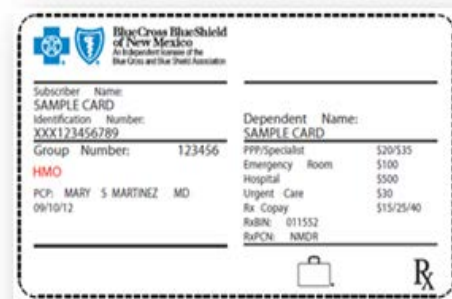
2017 Network Overview

Commercial Plans



Plans that use the commercial PPO or HMO networks are reimbursed at the provider's contracted commercial rates.

- HMO of New Mexico
- Participating (PAR)
- Point of Service (POS)
- Preferred Provider Option (PPO)
- Exclusive Provider Network (UNM/Lobo)
- Federal Employee Program (FEP)



Federal Employee Program (FEP)



Plans that use the commercial networks are reimbursed at the provider's contracted commercial rates. The ID cards indicate the **Federal Employee Plan** and network.



Qualified Health Plans – Small Group



Under the Affordable Care Act, starting in 2014, a qualified insurance plan is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts) and meets other requirements.

- BCBSNM Qualified Health Plans:
 - Blue PPO
 - Blue HMO
 - Blue Community HMO
 - Blue Advantage HMO
- These plans are offered statewide off the Exchange. The ID cards indicate the network in red.

Qualified Health Plans – Retail (Individual)



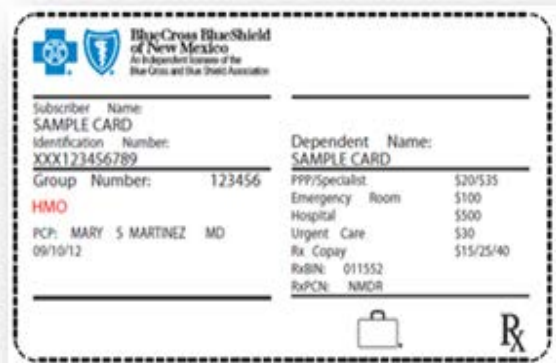
Blue Community HMO:

- BCBSNM re-introduced plans in the New Mexico Individual Market
 - On and Off Exchange offerings
 - Blue Community HMOSM statewide network
 - Streamlined portfolio with a variety of plans
- Continuation of Blue Community Bronze HMOSM 006
 - Off Exchange only
- Benefit Updates
 - Lower urgent care copays to reduce cost barrier to care and encourage members to use urgent care rather than emergency rooms for non-life-threatening situations

Sample of Card



- These plans are offered statewide off the Exchange. The ID cards indicate the network in red.





Medicare Advantage



Original Medicare What is it?

Medicare Part A

Medicare Part B

Medicare Part C

Medicare Part D

Medicare Advantage Plans



HMO	HMO-POS	PPO
<ul style="list-style-type: none">• Care is managed by a primary care physician (PCP)• May pay lower monthly premiums and out-of-pocket costs• May not have out-of-network claims paid	<ul style="list-style-type: none">• May be able to visit out-of-network doctors• May pay lower monthly premiums and out-of-pocket costs• Some out-of-network claims paid	<ul style="list-style-type: none">• May be able to visit any doctor you'd like• May pay lower monthly premiums and out-of-pocket costs• Out-of-network provider claims paid

BCBSNM has several Medicare Advantage Plans that include:

- Blue Cross Medicare Advantage (HMO)
- Blue Cross Medicare Advantage (HMO-POS)
- Blue Cross Medicare Advantage (PPO)



Medicare Advantage - Preauthorizations



DaVita Medical Group

- Within the 4-County area
- Preauthorizations, case management, disease management
- DaVita Utilization Management call (505) 232-1600

All other providers/groups

- Customer Service: 1-877-774-8592
- ??? 1-877-895-6448



Medicare Advantage – Eligibility and Claims



To obtain eligibility and benefit information:

- Call Customer Service at: 1-877-774-8592

Claims (paper or electronic)

- Payer ID: 66006
- Timely Filing within 180 days from DoS

Claims inquiries:

- Call Customer Service at: 1-877-774-8592

BCBSNM uses Medicare rules, guidelines and reimbursement methodology, unless otherwise specified in your contract.



BlueCross BlueShield of New Mexico

Initial Validation Audit





Initial Validation Audit



As an issuer participating in the Affordable Care Act's (ACA) Risk Adjustment (RA) program, Blue Cross and Blue Shield of New Mexico (BCBSNM) needs your cooperation and participation in its required Initial Validation Audit (IVA).

We have recently requested the medical record tied to all 2016 calendar year dates of service for our members in an attached letter that was sent out July 07, 2017.



BlueCross BlueShield of New Mexico

HEDIS and Stars



HEDIS and Star Program Overview

HEDIS Measures

- BMI
- Breast Cancer Screening
- CBP- Controlling Blood Pressure
 - BP controlled is:
 - Less than 140/90 for all members age 18-59 years (<139/89)
 - Less than 140/90 for members with diabetes age 60-85 (<139/89)
 - Less than 150/90 for members without diabetes age 60-85 (<149/89)
- CDC-Comprehensive Diabetes Care
 - A1c test & control
 - BP
 - Retinal eye exam
 - Nephropathy (urine or medications)
- Colorectal screening
 - FIT DNA, FOBT, Colonoscopy, Flex Sig,
- Medication Review within 30 days of acute/non-acute discharge

CHAPS

Consumer Assessment of Healthcare Providers & Systems

- Annual member survey sent by CMS to evaluate providers and health plan
- Member is asked to rate the Providers care on the following:
 - ✓ Getting Needed Care
How easy is it for the member to get needed care, including specialists.
 - ✓ Getting Appointments and Care Quickly
How quickly members get appointments and care.



BlueCross BlueShield of New Mexico

Provider Credentialing



NMAC 13.10.28 Regulation



- Insurers shall verify qualifications of providers within 45 calendar days of receipt of a complete credentialing application.
- Insurers will send written notification within 10 business days after receipt of credentialing application to the provider via certified mail.
- If application is incomplete, the written notification shall include a detailed description of supporting documentation required.
- These provisions apply equally to credentialing and re-credentialing.

NMAC 13.10.28 Regulation



- Enterprise Credentialing will send written notification to providers via certified mail within 10 business days.
- Time starts accruing upon the receipt of a complete credentialing application.
- Implementation date: 07/13/2015.
- All providers going through the credentialing process prior to 07/13/2015 will continue through the full credentialing process.
- These provisions do not impact our business application. They address credentialing applications only.



BCBSNM requires providers to use the Council for Affordable Quality Healthcare® (CAQH) for initial credentialing and re-credentialing.

- CAQH ProView
 - Provider data collection solution
 - Streamlines data collection with a standard form
- CAQH ProView info:
 - website: <https://proview.caqh.org/Login?Type=PR>
 - Customer Service: 888.599.1771
 - Email: providerhelp@proview.caqh.org
 - Hours: M-Th 7am - 9am (est)
F 7am - 7pm (est)



BlueCross BlueShield of New Mexico

Claims



Claims



- Verify eligibility and benefits
- Make copies of the member ID card (front and back) and pass this key information on to your billing staff
- Electronic: Receive real-time responses to your eligibility requests through Availity® or your preferred vendor portal
- Telephone: BlueCard Eligibility at 800-676-BLUE (2583)
- The BlueCard Eligibility line is for eligibility, benefits and preauthorization inquiries only

BlueCard Program Claim Filing



- Connects participating health care providers and the independent BlueCross BlueShield (BCBS) Plans around the world
- Submit claims for patients from other domestic and international BCBS Plans directly to your local Blues Plan
- Your local Blues Plan will be your contact for claims payment, problem resolution, adjustments, and inquiries
- Identifying BlueCard members: The main identifier is the suitcase logo on the identification card

		Blue Product	ALPHA Employer Group
Member Name		Dependents	
Member Name		Dependent One	
Member ID		Dependent Two	
XYZ123456789		Dependent Three	
Group No.	023457	Plan	POS
BIN	987654	Office Visit	\$15
Benefit Plan	HIOPT	Specialist Copay	\$75
Effective Date	00/00/00	Emergency	\$75
		Deductible	\$50
			R

Local POS Network Identifier

Office visit co-pay

Blank suitcase identifier



Claim Status



Real-time claim status through [Availity Claim Research Tool \(CRT\)](#) or your preferred vendor

- **CRT Includes:**
 - Line-item breakdowns
 - Detailed denial descriptions
 - Printable
 - Can be used as duplicate EOB



Claims



- Submit claims within 180 days
 - Claims submitted after 180 days will be denied for timely filing
- Accurate and complete claims are processed more quickly than claims that need research
- Claims with missing or unclear information will be returned
- Returned claims must be resubmitted within 30 days

If you are a registered Availity Web Portal user, you also have access to additional online tools at no cost, such as the Claim Research Tool, which offers enhanced claim status information in a user friendly format. Results can be saved electronically or printed for your patient records.



BlueCross BlueShield of New Mexico

Preauthorization

Preauthorization Requirements



- BCBSNM requires preauthorization for medical necessity through eviCore
 - All retail plans
 - All fully insured small and large commercial groups
 - For a detailed list of CPT codes that apply to the above services for Blue Medicare Advantage PPO and Blue Medicare Advantage HMO effective June 1st 2017, go to [Specialty UM Pre-Authorization Program Code Listing](#) or access the listing on the BCBSNM Medicare [eviCore implementation site](#) and select the Medicare CPT codes list based on the type of service being rendered.
- eviCore Preauthorization Contact Information
 - The [eviCore Healthcare Web Portal](#) is available 24/7
 - Call toll-free at 855-252-1117 between 7 a.m. to 7 p.m. (local time) Monday through Friday.

Refer to the [eviCore implementation site](#) and select the BCBSNM health plan for the applicable CPT/HCPCS code list and radiation therapy physician worksheets.



BlueCross BlueShield of New Mexico

Appeals and Grievance



Appeals and Grievances



Provider appeals include, but are not limited to:

- Payer allowance
- Medical policy or medical necessity
- Incorrect payment/coding rules applied

Provider appeals are not considered:

- Corrected claim (see PRM Section 8.13)
- General inquiry/question
- Claim denials needing additional information

Appeals and Grievances



Member appeals:

- Providers must be authorized by members to appeal on the member's behalf
- Providers may appeal without authorization when the appeal is clinical in nature and the member's health is in jeopardy

Claims appeals:

- Must be submitted within 180 days of the Remittance Advice/Provider Claim Summary
- Must be submitted along with the claim review form

Additional information may be found in the Provider Reference Manual (PRM), which is an extension of your contract, located on our website at www.bcbsnm.com



BlueCross BlueShield of New Mexico

BCBSNM Provider Website





Welcome Employers Producers Providers Feedback Text Size: AA

BlueCross BlueShield of New Mexico Company Information Contact Us Search

Home Network Participation Claims & Eligibility Education & Reference Clinical Resources Pharmacy Program Standards & Requirements

Centers for Medicaid & Medicare Services (CMS) Initial Validation Audit (IVA)

MANDATORY AUDIT [Learn More >](#)

Centennial Rewards Provider Resources

Learn how to reward healthy choices for your Medicaid patients and order free reward materials.

[Learn more](#)

News & Updates: [View All](#) Medicaid Members

Electronic Commerce

Improve operational efficiency and turnaround time on claims by using electronic transactions for billing, payments, eligibility, and claim status.

[More >](#)

Blue Review

Read our monthly provider newsletter to stay informed of the latest programs and initiatives that will assist you in offering the best service to our members.

[More >](#)

Update your Information

We've simplified the process of keeping your provider information current. To ensure your file is accurate, submit your practice changes online.

[More >](#)

Self-service through Avality

Use the Avality provider portal to gain access to tools such as iExchange, Electronic Refund Management, Claim Research Tool.

[Log In](#) [Get Registered](#)

HOME | IMPORTANT INFORMATION | NON-DISCRIMINATION NOTICE | SITE MAP | CAREERS | CONTACT US

Blue Access Mobile: Visit [bcbsnm.com](#) on your mobile device.



- Quick links to popular destinations
- Mouse over the section tabs in the blue bar
- Sign up for webinars and workshops
- Learn about our quality improvement programs
- Review drug formulary changes
- Check BCBSNM Medical Policies
- View the BCBSNM Provider Manual
- Download updated forms
- View online tutorials and much more.

- The Blue Review monthly newsletter



- The Blues Provider Reference Manual (PRM) on our website is updated throughout the year. Any updates that have occurred so far this year are located in the [Table of Contents with Changes and Updates Preface](#).
- For an overview of the preauthorization process and requirements at BlueCross BlueShield of New Mexico (BCBSNM), refer to [Section 10](#) of the [Blues Provider Reference Manual](#).
- Please note that the PRM is an extension of your contract.



BlueCross BlueShield of New Mexico

Online Tools



Online Tools



Tools:	Purpose:
CareCost EstimatorSM	The Availity [®] CareCost Estimator tool is an online member liability estimator that can help professional providers estimate a patient's potential out-of-pocket costs in real-time for office and outpatient services provided to BCBSNM members: https://www.bcbsnm.com/provider/tools/carecost_estimator.html
Claim Inquiry Resolution	The Claim Inquiry Resolution tool allows you to communicate online with our customer advocates in some situations where previously a call or letter was required: https://www.bcbsnm.com/provider/tools/cir.html
Claim Research Tool	The Claim Research Tool offers enhanced, real-time claim status functionality to help you manage and resolve your BCBSNM claims. https://www.bcbsnm.com/provider/tools/crt.html
Clear Claim Connection	Clear Claim Connection is a web-based code auditing reference tool that mirrors BCBSNM edits (i.e., unbundling, mutually exclusive, and incidental). https://www.bcbsnm.com/provider/tools/ccc.html
CoverMyMeds[®]	CoverMyMeds is an online tool for electronic completion and submission of benefit prior authorization (PA) requests for prescription drugs that are part of BCBSNM pharmacy PA program. https://www.bcbsnm.com/provider/tools/covermymeds.html
Electronic Refund Management	Electronic Refund Management is an online tool that can help simplify your overpayment reconciliation and related processes. https://www.bcbsnm.com/provider/tools/erm.html
Remittance Viewer	The remittance viewer offers providers and billing services a convenient way to view and help reconcile claim data provided by BCBSNM in the 835 Electronic Remittance Advice (ERA) https://www.bcbsnm.com/provider/tools/remittance_viewer.html
Reporting On-Demand	The Reporting On-Demand application allows users to readily view, download, save and/or print the Provider Claim Summary (PCS) and other reports online, at no additional cost. https://www.bcbsnm.com/provider/tools/reporting_on_demand.html
Patient Care Summary	The Patient Care Summary tool uses claim-based information to provide you with a consolidated view of a patient's health care history at the point of care. https://www.bcbsnm.com/provider/tools/careprofile.html
Update Your Information	If you need to change existing demographic information, complete the Demographic Change Form to initiate the process. https://www.bcbsnm.com/forms/provider/update_info.html



Online Tools



- iEXCHANGE
- Electronic Health Record/Patient Clinical Summary
- Financial Solutions Member Liability Estimator (MLE)



Provider Finder

- BCBSNM Commercial

<https://public.hcsc.net/providerfinder/search.do?corpEntCd=NM1>

- BCBSNM Medicare

http://www.bcbsnm.com/medicare/mapd_provider.html



BlueCross BlueShield of New Mexico

Availity



Avality, the online services and Web portal for BCBSNM providers, is a complimentary tool to assist in claim processing and management.

- There are no set-up fees or monthly fees.
- Training requests may be submitted to: PECS@BCBSNM.com





- Free to providers for claim submission, eligibility and benefits, claim status, authorizations, referrals and remittance
- Offers a variety of services via a single secure web portal connection
- Access webinars about self-service electronic tools and features available with Availity at <https://www.bcbsnm.com/provider/training/availity.html>
- Availity tip sheets can also be accessed at <https://www.bcbsnm.com/provider/tools/index.html>



BlueCross BlueShield of New Mexico

eCommerce



eCommerce Center



- Your source for electronic commerce transactions
- Transactions include billing, payments, eligibility verification, claim status, and more
- Say goodbye to paper shuffle and say hello to increased operation efficiencies and improved turnaround on payments

An advertisement for the Electronic Commerce Center. It features a smiling male doctor in a light blue shirt and red tie, with his arms crossed. The text reads: "Have Additional E-Commerce Questions?" in green, "Call the Electronic Commerce Center at:" in black, and "1-800-746-4614" in large blue numbers at the bottom.

**Have Additional
E-Commerce
Questions?**

Call the Electronic
Commerce Center at:

1-800-746-4614



BlueCross BlueShield of New Mexico

Questions?