



**BlueCross BlueShield of New Mexico**

# Medicare Provider Training

2020 Medicare Advantage Plans

# Agenda



- Welcome
- 2020 Medicare Advantage Plans
- Dual Special Needs Population (DSNP)
- Medicare Advantage HEDIS and CAHPS
- Claims
- BCBSNM Provider Website
- Online Tools
- Questions



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# 2020 Medicare Advantage Plans

# Blue Cross Medicare Advantage Plans



Blue Cross Blue Shield of New Mexico offers a range of Medicare Advantage plans including:

- Blue Cross Medicare Advantage Basic (HMO)
- Blue Cross Medicare Advantage Select (HMO)
  - New plan for 2020 with enhanced benefits and \$0 premium
- Blue Cross Advantage Choice Plus (PPO)
  - Includes benefits for out of network providers
- Blue Cross Medicare Advantage Dual Care (HMO D SNP)
  - Special needs plan for beneficiaries who receive both Medicare and Medicaid.
- Various employer sponsored retiree plans

# Blue Cross Medicare Advantage – SilverSneakers



Blue Cross Medicare Advantage plans include the SilverSneakers Fitness Program to help members achieve health and fitness goals. Members have access to thousands of participating locations across the country.







For more information, and to find SilverSneakers participating fitness locations, visit [SilverSneakers](https://www.silversneakers.com) or call **1-888-584-7389 TTY 711**, Monday – Friday, 8:00 a.m. to 8:00 p.m. ET.

# Blue Cross Medicare Advantage ID Card



Each Blue Cross Medicare Advantage member will receive an ID card containing the member's name, ID number and information about their benefits. The specific Blue Cross Medicare Advantage plan name is located on the member's ID card.

 BlueCross BlueShield of New Mexico		Blue Cross Medicare Advantage (PRO)	
Name:	Member Name	Office Visit:	\$ x
ID:	YID804xxxxxx	Specialist:	\$ xx
Plan (80840):	9101000237	Emergency Room:	\$ xx
Plan:	Choice (PPO)		
RxBin	011552		
RxPCN	NMPARTD1		
RxGrp	0002	BS Plan Code:	291
RxID:	804xxxxxx	BC Plan Code:	291
HPID:	TBD		
CMS H8634	002		
			

www.bcbsnm.com	
	
Submit Medical Claims to: Blue Cross Medicare Advantage PO Box 11968 Albuquerque, NM 87192	Pharmacy Line: 1-877-277-7898 Customer Service: 1-877-774-8592 TTY/TDD: 711
Send Prescription Drug Claims to: Blue Cross Medicare Advantage PO Box 14429 Lexington, KY 40512	Medicare Limiting Charges Apply
	 BlueCross BlueShield of New Mexico
HMO, HMO-POS and PPO plans are provided by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company	
(HCSC), an independent licensee of the Blue Cross and Blue Shield Association. HCSC is Medicare Advantage organization with a Medicare contract.	

# 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.



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# Dual Special Needs Population (DSNP)



## What is DSNP?

Dual Special Needs Plan (DSNP) is a service available to qualified seniors and individuals with disabilities. Individuals must qualify for both Medicare and New Mexico Centennial Care and must also elect to join BCBSNM Medicare DSNP program.

# Population and Common Conditions of BCBSNM DSNP Members



NM MEDICAID PLANS	2019 ENROLLMENT AS OF May 2019	PERCENT OF ENROLLMENT
Centennial Care	226,542	100%
DSNP	780	.34%

Condition Types	Common Conditions of the DSNP Population
Medical	<ul style="list-style-type: none"><li>• Diabetes</li><li>• Hypertension</li><li>• COPD</li><li>• Congestive Heart Failure</li><li>• Respiratory failure</li><li>• Hepatitis C</li></ul>
Behavioral Health	<ul style="list-style-type: none"><li>• Developmental Disabilities</li><li>• Traumatic Brain Injury</li><li>• Substance use and Abuse</li><li>• Bipolar Disorder</li><li>• Major Depressive Disorder</li><li>• Dementia</li><li>• Schizophrenia</li></ul>
Social	<ul style="list-style-type: none"><li>• Culturally diverse</li><li>• Socioeconomic levels (below FPL)</li><li>• Living conditions, including Nursing Facility residence</li></ul>

# DSNP Benefits & Goals



- Medicare is first payor with cost-share covered by Medicaid
- Care coordination is provided to all DSNP members providing Medicare & Medicaid covered benefits in a nonduplicative, synergistic manner
- Care coordination outreach to the member within 90 days of enrollment and immediately with transitions in care
- Outreach to member and completion of an Annual Health Risk Assessment (HRA)
- Development of a Individualized Care Plan (ICP)
- Development and coordination of, an Interdisciplinary Care Team (ICT) and meeting(s)
- Quality Improvement (QI) Process and Health Quality Outcomes are monitored and must be met

# DSNP Provider Training



DSNP is a CMS recognized program in which enrollees are entitled to both Medicare and Medicaid benefits. Blue Cross Medicare Advantage aims to coordinate these benefits for its DSNP members in order to maximize each member's health.

In order to accomplish this goal, Blue Cross Medicare Advantage relies on the interdisciplinary Care Team (ICT). Each ICT is comprised of the individual member, Blue Cross Medicare Advantage staff (i.e., Care Coordinator, Care/Complex Case Manager, Community Health Worker, behavioral health clinicians) and the physicians, caregivers, facility staff members, community service agency staffs, pharmacists, counselors, advocates, and others involved in the member's care.

# DSNP Provider Training



All providers who have seen a DSNP member are required to participate in annual DSNP training.

Providers must provide written documentation/attestation of receipt and review of the Blue Cross Medicare Advantage Model of Care program materials, either in person during a visit by a Network Management provider representative, or by written attestation. Blue Cross Medicare Advantage will retain these attestations in each provider's file.

If provider completion of required training modules falls below performance goals, then Blue Cross Medicare Advantage will implement a Performance Improvement Plan (PIP) to improve provider awareness and engagement with the care model. The PIP may require additional work on the part of Blue Cross Medicare Advantage, the provider, or both. Blue Cross Medicare Advantage will partner with the provider to assure training completion.

# DSNP Provider Training



To access Provider DSNP Training, please visit our website  
<https://www.bcbsnm.com/provider/training/index.html>



## Provider Orientation and Training

[Commercial and Medicare Plans Provider Training](#) 

[Dual Special Needs Population Provider Training](#) 

[Cultural Competency Training](#) 

[Cultural Competency Training Attestation](#) 

Annual Cultural Competency Training is required by the New Mexico Human Services Department for all providers contracted within a New Mexico Medicaid network, like Blue Cross Community Centennial. Please have your 10-digit NPI number ready when starting the training or attestation below. Do not use any dashes or spaces when entering your NPI, and make sure your NPI is entered correctly before proceeding with the rest of the training or attestation.



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# Medicare Provider Enrollment and Credentialing



# Provider Enrollment and Credentialing



To participate in Blue Cross Medicare Advantage, the provider or facility

- Must be a participating provider with BCBSNM
- Must submit Medicare PTAN letter upon submission for credentialing.
- Must have privileges at one of the Blue Cross Medicare Advantage participating hospitals (unless inpatient admissions are uncommon or not required for the provider's specialty)
- Must have a valid National Provider Identifier (NPI)
- Must sign a Medicare Advantage Amendment to his/her Medical Services Entity Agreement with BCBSNM
- Cannot have opted out of Medicare or have any sanctions or reprimands by any licensing authority or review organizations. Blue Cross Medicare Advantage participating providers cannot be named on the Office of the Inspector General (OIG) or Government Services Administration (GSA) lists which identify providers and facilities found guilty of fraudulent billing, misrepresentation of credentials, etc. Blue Cross Medicare Advantage participating providers cannot be sanctioned by the Office of Personnel Management or prohibited from participation in the Federal Employees Health Benefit Program (FEHBP).



# Provider Enrollment and Credentialing



Blue Cross Medicare Advantage continuously reviews and evaluates participating provider information and re-credentials providers every three years. The credentialing guidelines are subject to change based on industry requirements and Blue Cross Medicare Advantage standards.

Blue Cross Medicare Advantage continuously reviews and evaluates facility provider information and recertifies providers every three years. The certification guidelines are subject to change based on industry requirements and Blue Cross Medicare Advantage standards.



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# HEDIS and CAHPS

# HEDIS and CAHPS



- HEDIS is a widely used set of health plan performance measures utilized by both private and public health care purchasers to promote accountability and assess the quality of care provided by managed care organizations.
- CAHPS is a patient's perspective of care survey, administered annually, in which a sample of members from provider organizations (e.g., Medicare Advantage organizations, prescription drug plans, private fee-for-service) are asked for their perspectives of care that
  - allow meaningful and objective comparisons between providers on domains that are important to consumers;
  - create incentives for providers to improve their quality of care through public reporting of survey results; and
  - enhance public accountability in health care by increasing the transparency of the quality of the care provided in return for the public investment.



# 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.



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# Claims



# Claims



- Submit claims within 180 days
  - Claims submitted after 180 days will be denied for timely filing. This includes corrected claims
- 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

# Claims Submission



## **Claims Address**

Blue Cross Medicare Advantage  
PO Box 4288  
Scranton, PA 18505

## **Electronic Claims Submission**

Payor ID# 66006

## **BCBS Medicare Advantage Customer Service**

1-877-774-8592

# 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





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# BCBSNM Provider Website





bcbsnm.com/provider

Welcome Employers Producers Providers Feedback Text Size: A AA

BlueCross BlueShield of New Mexico Company Information Contact Us Search

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

**audit!** 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](#)

**Self-service through Availity**  
Use the Availity provider portal to gain access to tools such as iExchange, Electronic Refund Management, Claim Research Tool.  
[Log in](#) [Get Registered](#)

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

**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](#)

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](#).
- Access to the Blue Cross Medicare Advantage Provider Reference Manual attachment for specific information regarding the participation in Blue Cross Medicare Advantage plan.  
<https://www.bcbsnm.com/provider/standards/prm.html>

Attachments:

- ▶ [Blue Card Program Provider Manual](#)
- ▶ [Blue Cross Medicare Advantage Attachment](#)

Please note that the PRM is an extension of your contract.



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# Online Tools

# Online Tools



Tools:	Purpose:
<b>CareCost Estimator<sup>SM</sup></b>	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: <a href="https://www.bcbsnm.com/provider/tools/carecost_estimator.html">https://www.bcbsnm.com/provider/tools/carecost_estimator.html</a>
<b>Claim Inquiry Resolution</b>	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: <a href="https://www.bcbsnm.com/provider/tools/cir.html">https://www.bcbsnm.com/provider/tools/cir.html</a>
<b>Claim Research Tool</b>	The Claim Research Tool offers enhanced, real-time claim status functionality to help you manage and resolve your BCBSNM claims. <a href="https://www.bcbsnm.com/provider/tools/crt.html">https://www.bcbsnm.com/provider/tools/crt.html</a>
<b>Clear Claim Connection</b>	Clear Claim Connection is a web-based code auditing reference tool that mirrors BCBSNM edits (i.e., unbundling, mutually exclusive, and incidental). <a href="https://www.bcbsnm.com/provider/tools/ccc.html">https://www.bcbsnm.com/provider/tools/ccc.html</a>
<b>CoverMyMeds®</b>	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. <a href="https://www.bcbsnm.com/provider/tools/covermymeds.html">https://www.bcbsnm.com/provider/tools/covermymeds.html</a>
<b>Electronic Refund Management</b>	Electronic Refund Management is an online tool that can help simplify your overpayment reconciliation and related processes. <a href="https://www.bcbsnm.com/provider/tools/erm.html">https://www.bcbsnm.com/provider/tools/erm.html</a>
<b>Remittance Viewer</b>	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) <a href="https://www.bcbsnm.com/provider/tools/remittance_viewer.html">https://www.bcbsnm.com/provider/tools/remittance_viewer.html</a>
<b>Reporting On-Demand</b>	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. <a href="https://www.bcbsnm.com/provider/tools/reporting_on_demand.html">https://www.bcbsnm.com/provider/tools/reporting_on_demand.html</a>
<b>Patient Care Summary</b>	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. <a href="https://www.bcbsnm.com/provider/tools/careprofile.html">https://www.bcbsnm.com/provider/tools/careprofile.html</a>
<b>Update Your Information</b>	If you need to change existing demographic information, complete the Demographic Change Form to initiate the process. <a href="https://www.bcbsnm.com/forms/provider/update_info.html">https://www.bcbsnm.com/forms/provider/update_info.html</a>

# Online Tools



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

# Provider Finder



Practitioners must refer to in network providers in the Blue Cross Medicare Advantage network.

- BCBSNM Medicare

[http://www.bcbsnm.com/medicare/mapd\\_provider.html](http://www.bcbsnm.com/medicare/mapd_provider.html)



- 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 Availability at <https://www.bcbsnm.com/provider/training/availability.html>
- Availability tip sheets can also be accessed at <https://www.bcbsnm.com/provider/tools/index.html>



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# Questions?