

March 2018

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Interpreting the “PLB” Segment on the 835 ERA

There are reversals and corrections when claim adjudication results have been modified from a previous report. The method for revision is to reverse the entire claim and resend the modified data. Provider level adjustments are reported in the PLB segment within your 835 ERA from Blue Cross and Blue Shield of New Mexico (BCBSNM).

Adjustments in the PLB segment can either decrease the payment (**a positive number**) or increase the payment (**a negative number**). The sum of all claim payments (CLP04) minus the sum of all provider level adjustments (in the PLB segment) equals the total payment (BPR02). The information in the PLB segment must be taken into consideration for auto-posting of payments to your patient accounts.

Below are additional details regarding adjustment codes that may appear in the PLB segment, in accordance with the requirements as specified within the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated Technical Report Type 3 (TR3)*. Questions may be directed to our Electronic Commerce Service Center at ecommerceservices@bcbsnm.com or 800-746-4614.

Please share this important information with your practice management software vendor, and/or your billing service or clearinghouse, if applicable.

<p>C5 – Temporary Allowance</p>	<p>This code is used to inform you that we have identified an overpayment of less than \$50. We recommend checking your books to confirm details. You may elect to submit a refund to BCBSNM. If you disagree, overpayment disputes/appeals must be submitted within 90 days from the date of the report.</p> <p><i>Example:</i> PLB*15483NN082*20151231*C5:02015NNNQ3980X00.55NN30940*-2</p> <p>In order to balance this scenario, the debit, credit record, along with the PLB must be processed together. The end result should be \$0.</p>
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CS – Adjustment	<p>This code is used to inform you that we have identified an overpayment of \$50 or more. We recommend checking your books to confirm details. You may elect to submit a refund to BCBSNM, or do nothing, in which case the payment recovery will occur automatically. If you disagree, overpayment disputes/appeals must be submitted within 90 days from the date of the report.</p> <p><i>Example:</i> PLB*15483NN082*20151231*CS:020150NNN0C85890X00.5NN82101*-1156</p> <p>In order to balance this scenario, the debit, credit record, along with the PLB must be processed together. The end result should be \$0.</p>
WO – Overpayment Recovery	<p>This code indicates the automatic recovery of a previous payment.</p> <p><i>Example:</i> PLB*154837NN82*20151231*WO: 0201509NN08956B0X.5520NN142*1156*</p>
WO – Overpayment Recovery 72 – Authorized Return B2 – Rebate	<p>This combination is used to acknowledge the return of funds.</p> <p><i>Example:</i> PLB*15483NN082*20151231*72: 0201509NN08956B0X.5520NN142*-14* WO: 0201509NN08956B0X.5520NN142*14*B2: 0201509NN08956B0X.5520NN142*-14</p>

*The HIPAA mandated ASC X12 Health Care Claim/Payment Advice (835) TR3 is available for purchase on the Washington Publishing Company (WPC) website at wpc-edi.com. WPC is an independent third-party vendor that is solely responsible for its products and services.

Making the Health Care System Work Better Together

Blue Cross and Blue Shield of New Mexico has an insider’s view of how health insurers, doctors, hospitals, employers and governments depend on one another to provide access to affordable, high-quality care and help people live healthy, productive lives. We’re using this unique insight to work with business and thought leaders, inside and outside of our organization, to explore ways we can all work together to make the health care system work better for everyone.

[View this video to learn more](#) about the online magazine we created to tell these stories about how we’re *Making the Health Care System Work*SM.

Join us and help grow the conversation by reading and sharing these articles and stories.

- **Subscribe:** Visit [Making the Health Care System Work](#) and subscribe to have new stories and videos delivered to your inbox.
- **Share:** Share information through Facebook, Twitter and LinkedIn with the hashtag #MHCSW, or email links directly from the site.

Thank you for sharing our commitment to increasing access to affordable care through health, wellness and innovation.

Quarterly Pharmacy Changes Effective Jan. 1, 2018

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions or drugs moving to a lower out-of-pocket payment level, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the Blue Cross and Blue Shield of New Mexico (BCBSNM) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. Changes that became effective Jan. 1, 2018, are outlined below.

Please Note: If you have patients with an individual benefit plan offered on/off the New Mexico Health Insurance Exchange, they may be impacted by annual drug list changes. You can view a list of these changes on our [Member Services website](#).

[Pharmacy Updates](#) 

March into Colon Cancer Awareness Month

Did you know that in the United States, colorectal cancer (CRC) is the second largest cause of cancer deaths for men and women? This highly preventable disease kills more than 50,000 people per year. The [Centers for Disease Control and Prevention](#) (CDC) and [U.S. Preventive Services Task Force](#) (USPSTF) have published guidelines and information for both patients and providers regarding CRC screening. Both the CDC and the USPSTF recommend colorectal cancer screening starting at age 50. The best CRC screening test is the one that gets done! Follow the links above for more information about CRC and screening options.

Behavioral Health: Let's Talk About It!

In the third quarter of 2017, we conducted a survey to gather your feedback on the *Blue Review*. We are pleased to know that the content we provide in the newsletter is useful and presented in a user-friendly format. We were also pleased that so many of you responded with specific feedback about what you would like to see improved. Many of you asked for more information about behavioral health, and we want you to know that we heard you.

It's no secret that behavioral health issues are often kept quiet by those who are being treated for them. Sadly, some people may be unaware they have a treatable condition, or they may not have the support they need to find appropriate care. While embracing diversity may be a growing initiative in many work places, schools and other environments, persons with behavioral health conditions may still find themselves on the periphery as the social stigma surrounding mental health persists.

The first step to bridging the gap may be simply talking about behavioral health more. People with behavioral health issues should not feel embarrassed to come forward, particularly when it comes to reaching out to friends, family and health care providers who can help. To help get the discussion started, we'll be including more articles on behavioral health topics in the *Blue Review* over the coming months.

This month, we're spotlighting an article from our online magazine, *Making the Health Care System Work*. [The Intersection of Physical and Behavioral Health Care](#) explores some of the ways in which behavioral health and physical health symptoms can fuel each other, as well as some of the ways data analytics are helping Blue Cross and Blue Shield of New Mexico (BCBSNM) further integrate behavioral health.

In future issues of the *Blue Review*, we'll also be including more information on the behavioral health program at BCBSNM, which seeks to help identify members who may need education, care coordination and other types of support to help them better manage their health. We look forward to sharing information and resources with you that you can share with your patients who may be unaware, or who may know of someone else who may need help.

Blue Cross Community CentennialSM (Medicaid)

New Medicaid ID Numbers for Members

Effective Dec. 2, 2017, the New Mexico Human Services Department, Medical Assistance Division (HSD/MAD) will issue newly enrolled Medicaid members Medicaid ID numbers beginning with “00002” followed by nine (9) numbers.

Members who enrolled prior to Dec. 2, 2017, and who currently have a “00003” prefix will keep that same Medicaid ID number even if the member terms and reenrolls, changes category of eligibility or recertifies.

As a reminder, effective Jan. 1, 2018, HSD/MAD is no longer issuing Medicaid ID cards to Medicaid recipients who are enrolled with a Managed Care Organization. Medicaid recipients enrolled with Blue Cross Community Centennial will only receive a Blue Cross and Blue Shield of New Mexico-issued member ID card, which includes the member’s Blue Cross Community Centennial ID number and the state-issued Medicaid ID number.

If you have any questions regarding these changes, please contact your regional network provider representative at 1-800-567-8540.

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 1-800-567-8540.

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](#).

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

Provider Resources

BCBSNM Website

It's important for you to stay informed about news that could affect your practice. Blue Cross and Blue Shield of New Mexico (BCBSNM) offers many ways to stay informed via our website, bcbsnm.com/provider, and our provider newsletter, *Blue Review*.

Signing up is easy. Go to bcbsnm.com/provider, select *Update Your Information*, complete the form, and click *Submit*.

We guard your privacy. BCBSNM treats your email address as confidential. We never sell or give your email address(es) to any third party without your permission.

Don't have email? If you do **not** have an email address, please call 1-800-567-8540 or (505) 837-8800. We can mail paper copies of *Blue Review* to providers.

The *Blue Review* is posted online after the email distribution date—go to bcbsnm.com/provider, then select *Blue Review*.

Stay current with BCBSNM provider news and updates. Visit bcbsnm.com/provider regularly—look under *Education and Reference / News and Updates*.

Medical Policy Updates

Approved new or revised Medical Policies and their effective dates are usually posted on our website the first and fifteenth 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.

Claims inquiries?

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

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

[Network Services Regional Map](#)

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 contact or practice information.

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Member Rights and Responsibilities

Blue Cross and Blue Shield of New Mexico (BCBSNM) is committed to ensuring that enrolled members are treated in a manner that respects their rights as individuals entitled to receive health care services. BCBSNM is committed to cultural, linguistic and ethnic needs of our members. 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 also holds forth certain expectations of members with respect to their relationship to the Managed Care Organization and the independently contracted providers participating in Blue Cross Community Centennial. These rights and responsibilities are reinforced in member and provider communications, including those on the Provider website.

BCBSNM encourages all our independently contracted providers to become familiar with the following member rights and responsibilities, so you can assist us in serving our members in a manner that is beneficial to everyone.

[Commercial, Exchange, and FEP](#)
[Blue Cross Community Centennial \(Medicaid\) \(Page S97\)](#)
[Medicare \(Page S20\)](#)

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You can find *Blue Review* [online!](#)

We want your feedback on *Blue Review*! Have suggestions for future articles? Drop us a line anytime: NMBlueReviewEditor@bcbsnm.com.

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