9 – Electronic Commerce Tools

Overview

Introduction

Electronic Commerce can mean many different things to many different people. BCBSNM defines it as any tool or resource that allows information to be stored, displayed, or transmitted electronically.

Our online resources save time, energy, and make available to our providers the improved efficiency resulting from immediate access to current and accurate information.

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9.1 Interactive Voice Response System (IVR)

**IVR System**

Enjoy the convenience of self-service inquiry resolution. Our Interactive Voice Response (IVR) system uses voice recognition and touch-tone technology so that you can obtain automated information on member eligibility or benefits as well as withdraw and file corrected claims. All you need to do is speak your request – the IVR does the rest! Refer to the [IVR Caller Guides](#) posted on our website.

- You may access the IVR by calling our Provider Service Unit (PSU) at **1-888-349-3706**. Hours of availability are: Monday through Friday, 5:00 a.m. - 10:30 p.m. (MT), and Saturday, 5:00 a.m. - 2:30 p.m. (MT).
- Simply provide your National Provider Identifier (NPI) when prompted* (you may speak or enter your information by touch-tone).

The following guidelines were established to help support and clarify the use of NPI numbers when using the IVR:

**NPI Guidelines:**

- Physicians or solo practitioners **must** use the Type 1 NPI number
- Physicians or practitioners that have incorporated with both Type 1 & Type 2 NPI issues **must** use the Type 1 NPI number
- Physicians or practitioners that are part of a group practice **must** use the rendering provider’s (Type 1) NPI number.
- Radiologists, anesthesiologists and other medical providers **must** use the Type 1 NPI number
- Medical Groups **must** use the rendering provider’s Type 1 NPI for the rendering provider
- DME suppliers **must** use the Type 2 NPI for the specific location
- Labs and other ancillary providers **must** use Type 2 NPI for the entity
- Facilities **must** use the Type 2 NPI number

*Providers who do not have an NPI or are calling from out-of-state may speak or enter their tax ID number (TIN) when prompted by the IVR; however, these providers will only be able to obtain limited information. If your NPI or TIN is unrecognized or invalid, you will have partial or no access to member eligibility, benefits, or claims status via the IVR system. Instead, you will be routed to a limited menu that includes instructions on how to obtain an NPI.
9.2 Electronic Claims Submission

9.2.1 Electronic Claims Filing

BCBSNM strongly encourages the electronic submission of claims. Since editing begins prior to an electronic claim entering our processing system, electronic claims are less likely to be returned for additional information and are usually adjudicated more quickly than claims submitted via paper. Electronic submission also enables users to have same day access to their batch reports, which allows for quicker error resolution and expedites the overall revenue management cycle process.

The electronic payer ID for Blue Cross and Blue Shield of New Mexico (BCBSNM) is 00790 and is recognized by most clearinghouses in order to route electronic claims to BCBSNM. All electronic claims submitted to BCBSNM must be routed with payer ID 00790. You may need to contact your clearinghouse if they use a different BCBSNM payer ID.

Claims may be submitted electronically 24 hours a day, 7 days a week. All BCBSNM facility (UB-04) and professional (CMS-1500) claims (excluding adjustments) can be filed electronically at no charge through Availity™.

Note: For any Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) questions, call the Electronic Commerce Center at 1-800-746-4614.

9.2.2 Electronic Funds Transfer (EFT)

Did you know that your BCBSNM payments can be directly deposited into your bank account? When you enroll in EFT, you have the option of selecting daily EFTs or a bi-weekly payment schedule. In addition to the reduction of the amount of paper in your office, here are some of the many advantages of enrolling for EFT:

- Easy and convenient payments
- Safer than checks
- Elimination of lost or stolen checks
- No need to obtain and deposit or cash your check
- Facilitation of online banking at your bank
- Faster access to funds, as many banks credit direct deposit faster than paper checks

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9.2 Electronic Claims Submission, Continued

9.2.3 Electronic Remittance Advice (ERA)

The companion to the EFT is the ERA. The ERA is an electronic file that contains claim payment and remittance information such as which claims were paid, the amount of each payment, and the status of the claims that were processed. This data can then be electronically posted to your accounts. The ERA conforms to the requirements of the American National Standards Institute (ANSI) and is used by providers and billing services for automatic posting. It is referred to by its HIPAA transaction number 835.

The primary advantage of ERAs is a significantly lower operating expense that is made possible by streamlined administration and decreased paper handling. In conjunction with practice management software packages that can handle an 835 file, the ERA can reduce manual posting of claims payments and reconciling patient accounts, thereby saving your practice time and money.

In addition to paper reduction in your office, the ERA provides convenience, greater safety, and increased privacy of patient information.

9.2.4 Electronic Payment Summary (EPS)

If you are currently receiving the Electronic ERA, you will be automatically enrolled for the Electronic Payment Summary (EPS). The EPS is an electronic print image* of the Provider Claim Summary (PCS). The EPS is generated in a text format, therefore no special programming is required, and it’s already in an easy-to-read format. The benefit of the EPS is that the payment information is received in your office the day after the claim has been finalized and you may use EPS as an added tool when reconciling your payments.

**Note:** The EPS cannot be used for automatic posting and is only available in combination with the ERA.

For more detailed information and to get started with EFT, ERA and EPS, visit the Electronic Commerce section of our website in the EFT/ERA section to access enrollment forms. You may also call our Electronic Commerce Center at 1-800-746-4614 for further assistance.

* You will need Adobe Acrobat Reader to view the EPS files; download it free of charge from Adobe’s site

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9.2 Electronic Claims Submission, Continued

9.2.5 Electronic Refund Management (eRM)

This online refund management tool will help simplify overpayment reconciliation and related processes. The eRM application is available at no additional charge.

- Enjoy single sign-on through Availity. (Note: You must be a registered user with Availity to take advantage of eRM. To register, visit the Availity website.
- Receive electronic notifications of overpayments to help reduce record maintenance costs.
- View overpayment requests – Search or filter by type of request, get more details, and obtain real-time transaction history for each request.
- Inquire about, dispute or appeal requests online.
- Settle your overpayment requests – Have BCBSNM deduct the dollars from a future claim payment. Details will appear on your Provider Claim Summary (PCS) or Electronic Payment Summary (EPS); information in your eRM transaction history can also assist with recoupment reconciliations.
- Pay by check – You will use eRM to generate a remittance form showing your refund details. One or multiple requests may be refunded to BCBSNM; check number(s) will show online.
- Submit unsolicited refunds – If you identify a credit balance, you can elect to submit it online and refund your payment to BCBSNM by check, or have the refund deducted from a future claim payment.
- Stay aware with system Alerts – You will receive notification in certain situations, such as if BCBSNM has responded to your inquiry or if a claim check has been stopped.

How to Gain Access to eRM

Availity Users
Click on the Refund Management-eRM link under the “More” tab on the Availity website. If you are unable to access this link, please contact your Primary Access Administrator (PAA). If you do not know who your Primary Access Administrator is, click on Who controls my access? You may also contact Availity Client Services at 1-800-282-4548 for assistance, or visit the Availity website for more information.
9.3 Availity™

Availity is a HIPPA compliant, nationwide, all-payer clearinghouse and Health Information Network that uses the Internet to exchange information in real time between health care providers, payers, and other health care stakeholders. Availity also supports batch transactions.

In addition to an all-payer clearinghouse, Availity offers a secure Internet portal for providers to interact with the payers in the Availity network. Services offered free of charge to providers on the Availity portal include:

- Eligibility and benefit verification
- Claim status inquiry
- Quick claim - online claim entry and submission
- Research procedure code edit tool
- Claim Research Tool (CRT) (claim line level detail)
- Electronic Refund Management (eRM) tool
- Statistical reporting tools

Availity does not distribute software for electronic medical claims submission; however, Availity does maintain a list of software vendors and claims clearinghouses that have been approved for electronic submissions.

Availity provides a toll-free electronic data interchange (EDI) helpline staffed with EDI specialists and regional Availity representatives who can help assess your EDI needs and recommend the appropriate services that may decrease administrative costs. To speak to an Availity representative, call 1-800-282-4548.

You may also visit Availity’s website at availity.com to access a fully functional demo, view a listing of vendors and clearinghouses that partner with Availity, or directly register your organization with the Availity Health Information Network.

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM. Aerial, iExchange and Medecision® are trademarks of Medecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers. BCBSNM makes no endorsement, representations or warranties regarding any products or services offered by Availity or Medecision. The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.
9.4 HealthXnet®

HealthXnet allows you to check member eligibility, benefits, and claims information for a large cross-section of payers. As with all the electronic commerce tools, HealthXnet gives you the online advantages of convenience, efficiency and cost savings so your time can be better spent with your patients. For more information, call 866-676-0290 or visit HealthXnet online at http://info.healthxnet.com.

9.5 Provider Finder®

BCBSNM has made finding the right provider easier than ever. The Provider Finder allows you and your patients to find information about Primary Care Practitioners, Specialists, and other providers 24 hours a day, 7 days a week. Search by specialty, gender, zip code and more.

9.6 Provider Home Page

The BCBSNM provider home page at www.bcbsnm.com/provider is updated regularly to provide the most current information available on a wide range of topics that includes the items below, plus much more:

- Blue Review newsletter
- Current communications in News & Updates
- Online forms
- Reference manuals for government and commercial business
- Contact information
- Electronic commerce information
- Claims filing information