BlueCross BlueShield of New Mexico

BLUE REVIEW℠

A Provider Publication

December 2019

Coordinating Care Between Behavioral Health and Medical Providers

Coordinating care between behavioral health and medical providers helps deliver the best care for our members. Our surveys consistently show providers appreciate care coordination. Consulting and referring providers should share information such as diagnoses, medications, treatment plans and recommendations to ensure care is appropriately coordinated. We've provided a simple form to help providers request information from each other.

Referring Members to In-Network Laboratories

Blue Cross and Blue Shield of New Mexico (BCBSNM) works diligently to maintain broad provider networks of hospitals, doctors and other health care providers to ensure our members have access to quality, affordable healthcare. As part of our commitment to help our members manage their health care costs, BCBSNM will be periodically reviewing its out-of-network utilization.

Availity® Remittance Viewer Tool Upgrade

The Availity Remittance Viewer tool has been upgraded to better assist you with viewing, searching and reconciling Electronic Remittance Advices (835 ERA). Remittance Viewer is available to providers who are enrolled to receive 835 ERA files from BCBSNM.

New Online Enrollment Process for 835 EFT & ERA through the Availity® Provider Portal

A new online Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) setup tool is coming soon to BCBSNM. This new capability will be available in the Availity Provider Engagement Portal using the multi-payer Transaction Enrollment tool. BCBSNM's current online EFT and ERA enrollment option available in our Availity Payer Spaces section will be removed once the transition to the new tool is complete.

New Programs Help Members Lead Healthier Lives

A complex combination of factors affects each person's health journey. Some of our members are navigating critical health concerns. They may be struggling to combat chronic conditions such as diabetes, obesity, substance abuse disorder or depression. Our Wellbeing Management and Health Advocacy Solutions programs help empower our members to improve their own health and wellness.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective January 1, 2020 — Part 2

This article is a continuation of the previously published Quarterly Pharmacy Changes Part 1 article. While that part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

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.

View the Pharmacy Program Updates effective as of January 1, 2020

Recommendations and Reminders for Eye Care Professionals

Many primary care providers (PCPs) refer our diabetic FEP members to eye care specialists for annual eye examinations. PCPs need to know details about the care their patients receive and to receive communications from their patients' eye care specialists. We want to encourage providers who do not routinely share results to consider doing so.

Information for Primary Care Providers — Importance of Hospital Discharge Summaries

It is important for PCPs to know details about the care their patients receive during inpatient hospital stays. The hospital discharge summary is the key source for this information and used to improve coordination and quality of care. We want to remind you about some important information to help you when discharging FEP members after inpatient hospital stays.

2019 Updates in Pre- and Post-Natal Care Information to Support Effective Coordination and Continuity of Care

Communication between health care professionals during the course of a patient's pre-pregnancy, pregnancy and postpartum medical journey is important. When you are providing care, please document the following information in the patient's chart to help ensure effective coordination and continuity of care.

CMS-Required Training for Dual-Special Needs Plans

Providers who treat dually-eligible Medicare and Medicaid members are required by the Centers for Medicare and Medicaid Services (CMS) to complete an annual Dual-Special Needs Plan (DSNP) training on DSNP plan benefits and requirements, including coordination of care and Model of Care elements.

Reminder of Change to the Preservice Appeals Process for your Medicare Patients Covered by BCBSNM

This is a reminder that important changes recently occurred to the preservice appeals process for your BCBSNM patients enrolled in Medicare programs, as previously communicated on August 28, 2019.

As of Nov. 1, 2019, eviCore® healthcare (eviCore), an independent medical benefits management company, is no longer administering the appeals process for denied and partially denied prior authorizations for members of Medicare in New Mexico. BCBSNM has assumed responsibility for conducting the preservice appeals process, from preservice appeal intake to appeal determination. eviCore, has however, continued in its role to administer the initial determination of prior authorization requests.

Medicare Advantage: Electronic Payment Summary Now Available for 835 ERA Receivers

As of Nov. 18, 2019, providers enrolled to receive Electronic Remittance Advices (835 ERA) from BCBSNM for Medicare Advantage members will begin receiving electronic provider claim summary (PCS) files, the electronic version of the remittance advice (RA), in conjunction with the ERA. The 835 ERA and PCS/RA files are delivered to your designated clearinghouse or vendor. Therefore, ERA receivers will no longer receive paper remittance advices delivered by mail.

Tips for Providing Reimbursable Telemedicine Services to BCBSNM Members

BCBSNM encourages its contracted providers to furnish covered services to BCBSNM members via qualifying and compliant interactive telecommunications systems and/or asynchronous store-and-forward technology, where clinically appropriate, especially to those members living in rural or frontier areas of the state. Coverage requirements may vary by line of business.

Blue Cross Community Centennial Quality Toolkit Updates

BCBSNM has revised the Quality Toolkit for Blue Cross Community Centennial contracted providers available at bcbsnm.com/provider. These tools contain a collection of preventive health guidelines and best practices selected from the Healthcare Effectiveness Data and Information Set (HEDIS®) standardized performance measures. The updated Quality Toolkit includes information about the Consumer Assessment of Health Plans Survey (CAHPS®); adult, children, and women's health; and much more. We hope these tools will provide you with a better understanding of the standards and documentation required for these measures.

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 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.

BCBSNM Website

It's important for you to stay informed about news that could affect your practice. BCBSNM offers many ways to stay informed via our website, bcbsnm.com/provider, and our provider newsletter, *Blue Review*. Signing up is easy.

Medical Policy Updates

Approved new or revised medical policies and their effective dates are usually posted on our website the 1st and 15th 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.

Clinical Payment and Coding Policies

BCBSNM has adopted additional clinical payment and coding policies. These policies are based on criteria developed by specialized professional societies, national guidelines (e.g. Milliman Care Guidelines (MCG)) and the CMS Provider Reimbursement Manual and are not intended to provide billing or coding advice but to serve as a reference for facilities and providers. 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. For the BCBSNM BlueCard® PSU, call 800-222-7992. For out-of-area claims inquiries, call 888-349-3706.

Network Services Contacts and Related Service Areas

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 your contact or practice information.

Member Rights and Responsibilities

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.com/provider

Coordinating Care Between Behavioral Health and Medical Providers

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Be sure members sign a release to allow you to share information with other providers before using this form.

Coordination of Care Form

The form is useful for both referring and consulting providers. To request patient visit information from a consulting provider, complete the Patient Information and Referring Provider sections before sending it to the consulting provider. The consulting provider can use the form to communicate information about the visit to the referring provider. Do not send this form to us. It is for your use with other providers only.

Need help finding a Behavioral Health provider?

Call the number on the back of the member's ID card to find outpatient providers or behavioral health facilities. You can also search for providers with our online Provider Finder®.

Have a member with complex health needs?

Additional support and resources from a behavioral health or medical clinician are available. Call the number on the back of the member's ID card to refer members to Case Management and learn about other resources.

Referring Members to In-Network Laboratories

Blue Cross and Blue Shield of New Mexico (BCBSNM) works diligently to maintain broad provider networks of hospitals, doctors and other health care providers to ensure our members have access to quality, affordable healthcare. As part of our commitment to help our members manage their health care costs, BCBSNM will be periodically reviewing its out-of-network utilization.

BCBSNM network physicians are required to refer our members, your patients, to participating providers. As a reminder, per the BCBSNM Provider Reference Manual (PRM) sections 4.2.3 (for Primary Care Providers), 4.3.1 (for Specialists) and 6.1.2 (for Facilities and Ancillary Providers), contracted providers must use and refer to other BCBSNM-contracted providers including laboratories.

BCBSNM has established relationships with our contracted lab vendors including, but not limited to, Laboratory Corporation of America (including Medtox), Metwest Inc. dba Quest Diagnostics, and TriCore Reference Labs. Listed below is the contact information for these laboratory providers (also found in PRM section 13.4).

Laboratory Corporation of America	1-800-788-9892
Quest Diagnostics	1-866-697-8378
TriCore Reference Labs	1-800-245-3296

Should you have any questions regarding this requirement, please contact your Provider Network Representative.

Availity® Remittance Viewer Tool Upgrade

The Availity Remittance Viewer tool has been upgraded to better assist you with viewing, searching and reconciling Electronic Remittance Advices (835 ERA). Remittance Viewer is available to providers who are enrolled to receive 835 ERA files from Blue Cross and Blue Shield of New Mexico (BCBSNM). If you have not yet enrolled with BCBSNM, you can register online via the Availity Portal. Refer to the Availity ERA tip sheet for enrollment instructions.

Remittance Viewer upgraded features:

- Improved data response — *Remittance Viewer now displays the provider organization's last 48 hours of remittances upon opening the tool.*

- More search options — *New search technology is available for providers to locate specific information with advanced filtering.*

Providers can search by check number, Electronic Funds Transfer (EFT) trace number or BCBSNM claim number. Additionally, when entering a check number, claim number or patient/member ID, this intuitive tool presents applicable options as the user enters characters. Also, the Claim search option now offers additional filter fields, allowing users to specify the exceptions and adjustment code(s), as needed.

How to access Remittance Viewer via Availity Portal:

- Log in to availity.com
- Select “Claims & Payment” from the navigation menu
- Select “Remittance Viewer”

Contact your Availity Administrator if Remittance Viewer is not available in your Claims & Payments menu. As a reminder, you must be registered with Availity to use Remittance Viewer. If you are not yet registered, visit availity.com, select register and completed the online guided process — at no charge.

If you have any questions about the appropriate use of antibiotics, please email the Federal Employee Program Quality Improvement Department at Blue Cross and Blue Shield of New Mexico.

Additional Support

Learn how to use this improved Availity offering by attending a Remittance Viewer training webinar hosted monthly by BCBSNM. To register for an upcoming session, refer to the Training page. Also, the updated Remittance Viewer tip sheet is available for navigational assistance.

If you have additional questions or would like customized training, email the Provider Education Consultant team at PECS@bcbsnm.com.

New Online Enrollment Process for 835 EFT & ERA through the Availity Provider Portal

A new online Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) setup tool is coming soon to Blue Cross and Blue Shield of New Mexico (BCBSNM). This new capability will be available in the Availity Provider Engagement Portal using the multi-payer Transaction Enrollment tool. BCBSNM’s current online EFT and ERA enrollment option available in our Availity Payer Spaces section will be removed once the transition to the new tool is complete.

This new enrollment capability allows providers to submit their EFT and ERA enrollments electronically to multiple payers at the same time. Providers can also monitor the status of the enrollment using Availity's Transaction Enrollment option.

EFT and ERA enrollment via Availity is easy to complete, without the inconvenience of downloading and faxing or mailing paper enrollment forms. Once the enrollment is processed, providers will receive a confirmation letter acknowledging the enrollment effective date along with other important details.

Advantages of enrolling for EFT:

- Quicker receipt of payments
- Greater security – no more risk of lost or stolen paper checks
- Direct deposit into the bank account of your choice

Advantages of enrolling for ERA:

- Faster remittance delivery
- Automatic posting capabilities
- Designate delivery to a specific clearinghouse or vendor

How to access Availity's Transaction Enrollment Option:

1. Log in to Availity
2. Select My Account Dashboard on the Availity homepage
3. Select Enrollments Center
4. Select Transaction Enrollment*
5. Complete and submit

Through Be Covered, we are working with trusted community partners to reach areas with the highest concentration of uninsured people. Local events will offer resources in English and Spanish, and many will provide wellness screenings, family activities and healthy food giveaways.

** The EFT Transaction Enrollments option is only available to Availity administrators and/or users who have been granted access.*

Online EFT and ERA enrollment is available to registered Availity users. To register for Availity, simply go to the Availity website and sign up today at no cost. The Availity EFT Tip Sheet and Availity ERA Tip Sheet located our Provider website are currently being updated to reflect the new enrollment process for navigational assistance.

Have questions or need additional education?

Email Electronic Commerce Services at ecommerceservices@bcbsnm.com. Be sure to include your name, direct contact information & Tax ID or Billing NPI.

New Programs Help Members Lead Healthier Lives

A complex combination of factors affects each person's health journey. Some of our members are navigating critical health concerns. They may be struggling to combat chronic

conditions such as diabetes, obesity, substance abuse disorder or depression. Our Wellbeing Management and Health Advocacy Solutions programs help empower our members to improve their own health and wellness.

Wellbeing Management and Health Advocacy Solutions

Employers can offer Wellbeing Management and Health Advocacy Solutions to their employees, our members. Members have access to components of these programs depending on their benefit plans. We have relationships with several companies to increase member participation in programs that target critical health issues. We've seen positive results so far.

Options for Member Engagement

Some of your patients with Wellbeing Management or Health Advocacy Solutions may mention Well onTarget, Livongo®, Omada® and Naturally Slim®. These programs combine data sciences with cognitive behavioral therapy coaching techniques. They often use internet-connected biometric devices to help our members achieve health improvement goals.

Well onTarget
Our Well onTarget Wellness Portal gives eligible members an online platform to find support for chronic conditions. They can also use the portal to help establish lifelong wellness goals.

Livongo
Livongo is an end-to-end diabetes management solution. It combines the use of a connected glucose meter with personal support by Certified Diabetes Educators.

Omada
Omada is an obesity-related prevention program. It uses remote monitoring tools, education and social community support to improve health and reduce chronic disease risk.

Naturally Slim
Naturally Slim is an online weight loss and metabolic syndrome management solution and coaching program. It teaches healthy eating behaviors via a behavior modification structure.

New for 2020 – Hinge Health
Hinge Health provides a musculoskeletal program that takes proven nonsurgical care guidelines and turns them into a coach-led program. It is delivered remotely using mobile and wearable technology.

We encourage you to talk with your patients about available programs and resources, when appropriate. Members with questions can call the number on their Blue Cross and Blue Shield of New Mexico (BCBSNM) ID card or log into their Blue Access for Members (BAM) account for more information.

endorsement, representations or warranties regarding any products or services offered by independent companies such as Livongo, Naturally Slim, Omada, and Hinge Health. These companies are solely responsible for the products or services they provide. If you have any questions regarding the services described here, you should contact Livongo, Naturally Slim, Omada, or Hinge Health directly.

Recommendations and Reminders for Eye Care Professionals

Many primary care providers (PCPs) refer our diabetic Federal Employee Program® (FEP®) members to eye care specialists for annual eye examinations. PCPs need to know details about the care their patients receive and to receive communications from their patients' eye care specialists. We want to encourage providers who do not routinely share results to consider doing so.
For quick reference purposes, a recommendation summary and additional information are included below to assist you when you are providing annual eye exams to our diabetic FEP members.

In 2017, the American Diabetes Association (ADA) updated its position statement on diabetic retinopathy and screening recommendations.[1] A summary of ADA screening recommendations for patients with diabetes is included here for your reference.

Screening:	Comprehensive evaluation by an eye care specialist should not be substituted by retinal photography. However, retinal photography with remote reading by retinal specialist is acceptable where eye care professionals are not readily available.
Initial Exam:	Within five years of diagnosis for adults who have Type 1 diabetes At the time of diagnosis for adults with Type 2 diabetes
Routine Exams:	Every two years in the absence of retinopathy Annually in the presence of retinopathy At more frequent intervals in the presence of progressive retinopathy and/or deterioration of vision due to disease progression
Pregnancy:	Educate women who are planning to be or are pregnant and who also have diabetes about the risk of diabetic retinopathy developing or progressing Perform an eye exam prior to or at the time of diagnosis of pregnancy, during every trimester, and one year after delivery in the presence of pre-existing Type 1 or Type 2 diabetes

To help improve patient outcomes, please consider the following:

- **Incorporate ADA recommendations into practice.** Following the above screening recommendations can help ensure best practice for patients.
- **Gather patient information.** Ask the patient about their diabetes history, medications they are taking, symptoms they are experiencing and if they have any questions.
- **Educate your patients.** Help them understand why a retinal exam for patients with diabetes is different than an eye exam for glasses and why it is essential to help prevent future problems.
- **Remind your diabetic patients to contact the number on their member ID card if they have any questions about their health care coverage details.** A yearly retinal exam may be a covered benefit for patients with diabetes.
- **Submit claims accurately.** When submitting a claim for a diabetic patient eye exam, be sure to include “diabetes” as a diagnosis to help ensure proper application of benefits.

We thank you for collaborating with us to support the health and wellness of our FEP members. Working together, we can help support improved outcomes for people with diabetes.

1 Diabetic Retinopathy: A Position Statement by the American Diabetes Association, Sharon D. Solomon, Emily Chew, Elia J. Duh, Lucia Sobrin, Jennifer K. Sun, Brian L.VanderBeek, Charles

C. Wykoff, Thomas W. Gardner, Diabetes Care, Mar 2017, 40 (3) 412-418; DOI: 10.2337/dc16-2641. Additional information on diabetic retinopathy can be found on the ADA site at: http://care.diabetesjournals.org/content/40/3/412

Information for Primary Care Providers — Importance of Hospital Discharge Summaries

It is important for primary care providers (PCPs) to know details about the care their patients receive during inpatient hospital stays. The hospital discharge summary is the key source for this information and used to improve coordination and quality of care.

We want to remind you about some important information to help you when discharging Federal Employee Program® (FEP®) members after inpatient hospital stays.
Studies have shown that providing timely, structured discharge summaries to PCPs helps reduce readmission rates, improves patient satisfaction and supports continuity of care. One study found that, at discharge, approximately 40 percent of patients typically have test results pending and 10 percent of those results require action. PCPs and patients may be unaware of these results.[1, 3]

A prospective cohort study found that one in five patients discharged from the hospital to their homes experienced an adverse event (defined as an injury resulting from medical management rather than from the underlying disease) within three weeks of discharge. This study found 66 percent of these were drug-related adverse events.[2, 3]

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As a reminder, please include the following information in every discharge summary:

- Course of treatment
- Diagnostic test results
- Follow-up plans
- Diagnostic test results pending at discharge
- Discharge medications with reasons for changes/medication reconciliation

Communication between the inpatient medical team and the PCP helps ensure a smooth transition of the patient to the next level of care. Blue Cross and Blue Shield of New Mexico applauds PCPs who have adopted the best practice of receiving discharge summaries for their patients' inpatient admissions.

1 Roy CL, Poon EG, Karson AS, et al. Patient safety concerns arising from test results that return after hospital discharge. Ann Intern Med. 2005;143(2):121–8.

2 Forster AJ, Murff HJ, Peterson JF, et al. The incidence and severity of adverse events affecting patients after discharge from the hospital. Ann Intern Med. 2003;138(3):161–7.

3 Snow, V., MD. (2009). Transitions of Care Consensus Policy Statement: American College of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College of Emergency Physicians, and Society for Academic Emergency Medicine. Journal of Hospital Medicine, 4(6), 364-370. doi:10.1002

2019 Updates in Pre- and Post-Natal Care Information to Support Effective Coordination and Continuity of Care

This article includes important information to help you when providing pre- and post-natal care and services to Federal Employee Program® (FEP®) members.
Communication between health care professionals during the course of a patient's pre-pregnancy, pregnancy and postpartum medical journey is important. When you are providing care, please document the following information in the patient's chart to help ensure effective coordination and continuity of care:

- **Prenatal Visit in First Trimester**
    - Prenatal risk assessment should include complete medical and obstetrical history, physical exam (e.g., American College of Obstetrics and Gynecology (ACOG) Form) and patient education/counseling
    - Prenatal lab reports (e.g., obstetric (OB) panel/toxoplasmosis, rubella, cytomegalovirus, herpes simplex, and HIV antibody (TORCH) panel/Rubella antibody test/ABO (O, A, B, or AB blood group testing)/Rh factor testing)
    - Ultrasound, estimated due date (EDD)
- **Duration of Prenatal Visits**
    - Prenatal flow sheet (e.g., ACOG, Electronic Health Record (EHR))
    - All progress/visit notes for duration of pregnancy
    - Ultrasound reports and all consult reports
- **Delivery**
    - Documents, such as hospital delivery records, verifying the member had a live birth
    - If the member had a non-live birth, records that document the non-live birth
- **Postpartum**
    - Documentation of a postpartum visit on or between 7 to 84 days after delivery
    - Postpartum office visit progress notation that documents an evaluation of weight, blood pressure, breast exam, abdominal exam and pelvic exam

Thank you for your help supporting positive outcomes for our FEP members.

Reminder of Change to the Preservice Appeals Process for your Medicare Patients Covered by Blue Cross and Blue Shield of New Mexico

This is a reminder that important changes recently occurred to the preservice appeals process for your Blue Cross and Blue Shield of New Mexico (BCBSNM) patients enrolled in Medicare programs, as previously communicated on August 28, 2019.

As of November 1, 2019, eviCore® healthcare (eviCore), an independent medical benefits management company, is no longer administering the appeals process for denied and partially denied prior authorizations for members of Medicare in New Mexico. BCBSNM has assumed responsibility for conducting the preservice appeals process, from preservice appeal intake to appeal determination. eviCore, has however, continued in its role to administer the initial determination of prior authorization requests.

Note: The medical policies being used for preservice appeal reviews have not changed. Remember when submitting a preservice appeal to always follow the directions included within the denial letter.

These changes are designed to streamline workflows and lead to an improved member and provider experience.

Going forward, it is critical to use Availity or your preferred vendor to check eligibility and benefits, determine if you are in-network for your patient and whether any preauthorization or prenotification is required for services. Refer to "Eligibility and Benefits" on the provider website for more information on Availity. Providers can also refer to the Preauthorizations/Claims & Eligibility page on bcbsnm.com/provider for assistance.

For other services requiring preauthorization through BCBSNM, use iExchange® to preauthorize those services. For more information or to set up an iExchange account, please go to bcbsnm.com/provider.

Payment may be denied if you perform procedures without authorization. If this happens, you may not bill your patients.

As a reminder, it is important to check eligibility and benefits prior to rendering services. This step will help you determine if benefit preauthorization is required for a particular member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSNM's provider website.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

eviCore healthcare is an independent specialty medical benefits management company that provides utilization management services for BCBSNM. eviCore is wholly responsible for its own products and services. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by eviCore.

iExchange is a trademark 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, eviCore, 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.

Medicare Advantage: Electronic Payment Summary Now Available for 835 ERA Receivers

This notice applies to providers submitting claims to Blue Cross and Blue Shield of New Mexico (BCBSNM) for Blue Cross Medicare Advantage (HMO)℠ and Blue Cross Medicare Advantage (PPO)℠ members.

As of Nov. 18, 2019, providers enrolled to receive Electronic Remittance Advices (835 ERA) from BCBSNM for Medicare Advantage members will begin receiving electronic provider claim summary (PCS) files, the electronic version of the remittance advice (RA), in conjunction with the ERA. The 835 ERA and PCS/RA files are delivered to your designated

clearinghouse or vendor. Therefore, ERA receivers will no longer receive paper remittance advices delivered by mail.

As an additional option, provider claim summaries and/or remittance advices are available online in the Reporting On-Demand application via the Availity® Provider Portal. This application allows providers to view, download, save and/or print claim remittances for claims processed on or after April 12, 2019. For instructions on how to use this application, you'll find a Reporting On-Demand tip sheet in the Provider Tools section of our Provider website.

Not yet enrolled for ERA?

Online ERA enrollment is available to registered Availity users. If you have not yet registered, simply go to the Availity website and sign up today at no cost. To learn more about ERA enrollment through Availity, refer to the Availity ERA tip sheet. Providers who are not registered with Availity have the option to download and fax the ERA enrollment form located in the Forms section on our Provider website.

Tips for Providing Reimbursable Telemedicine Services to Blue Cross and Blue Shield of New Mexico Members

Blue Cross and Blue Shield of New Mexico (BCBSNM) encourages its contracted providers to furnish covered services to BCBSNM members via qualifying and compliant interactive telecommunications systems and/or asynchronous store-and-forward technology, where clinically appropriate, especially to those members living in rural or frontier areas of the state. Coverage requirements may vary by line of business. For example, Medicare guidelines for telehealth reimbursable services may be more rigorous than New Mexico Medicaid's.

To assist, BCBSNM has a Telemedicine — Telehealth Quick Reference Guide available for providers at the BCBSNM website under the Providers tab in the Standards & Requirements section. The guide includes information about reimbursable Telemedicine including software/hardware requirements for several lines of business, as well as other resources to assist providers in furnishing reimbursable Telemedicine services ("Telehealth," in Medicare parlance). Note, however, that the guide is informational and not dispositive; final coverage determinations shall be made in accordance with applicable laws and other program requirements, with which providers should be familiar and comply. Examples of Telemedicine services may include:

- Dermatology
- Retinal eye scans
- Sleep medicine
- Psychotherapy, individual and family
- Pharmacologic management
- Psychiatric diagnostic evaluation
- E-visits furnished by MDLIVE

For the New Mexico Medicaid program, BCBSNM reimburses the code Q3014 Telehealth originating site facility fee the lesser of billed charges or $79.45 if all program requirements are met. Please see the Quick Reference Guide identified above for additional information.

If you are a participating provider who would like to be an originating site for behavioral health Telemedicine services, (e.g., where the member would go to receive behavioral health services from a remotely located behavioral health provider), please send an email with a brief description of your interest to Steve DeSaulniers, BCBSNM Behavioral Health Program Manager at stephen_c_desaulniers@bcbsnm.com. BCBSNM may be able to help connect you with behavioral health providers who furnish Telemedicine.

If you are a Telemedicine provider who participates with BCBSNM and would like to work with other participating providers who are interested in furnishing an originating site for your Telemedicine services, please email Steve DeSaulniers at stephen_c_desaulniers@bcbsnm.com with a brief description of your interest. BCBSNM may be able to help connect you with such originating site providers.