



BLUE REVIEWSM

A Provider Publication

July 2022

News & Updates

COVID-19 Information for Providers

Please check the following Blue Cross and Blue Shield of New Mexico (BCBSNM) resources frequently for updates to important information related to COVID-19:


- [Provider Information on COVID-19 Coverage](#)
- [BCBSNM News and Updates](#)
- [BCBSNM COVID-19 Member Website](#)

Updates made to the Provider Reference Manual

The BCBSNM Provider Reference Manual (PRM) has been updated, effective August 1, 2022.

Changes to the PRM include, but are not limited to, the following sections:

- 3 — Network Services
 - 3.5.4 – Prohibited Contract Terms
- 4 — Professional Provider Responsibilities
 - 4.2.5 – After-Hours Communications with Patients
 - 4.2.7 – PCP Access Standards
 - 4.3.3 – Specialist and Behavioral Health Access Standards
- 8 — Claims
 - 8.7 – Clinical Payment and Coding Policies
 - 8.15.1 – Paper Refund Requests
- 11 — Utilization, Case, Population Health, and Condition Management
 - 11.1.3 – Decision Making

The updated PRM is available on the [Provider Reference Manual](#)  webpage at bcbsnm.com/provider. BCBSNM reminds providers to review the PRM for all changes.

Delivering Quality Care

In-home Test Kits for Colorectal Cancer Screening

We're working with Everlywell to provide in-home test kits this summer to certain BCBSNM members who need a colorectal cancer screening. Because of the COVID-19 pandemic, many may have delayed getting appropriate care. Everlywell is sending Fecal Immunochemical Test kits to certain Blue Community HMOSM members at no additional charge.

[Read More](#)

Catch Up on Routine Vaccines and Well-Child Visits

The COVID-19 pandemic continues to disrupt routine childhood immunizations and well-child visits, according to the Centers for Disease Control and Prevention (CDC). The CDC recommends that doctors and health care professionals encourage families to schedule vaccines and visits to help children catch up. We've created Wellness Guidelines and vaccine information for our members that may help.

[Read More](#)

Provider Satisfaction Survey 2022

Building a strong network of providers and working with you to serve our members is important to us. To support this effort we survey a random sample of providers each year. The **Provider Satisfaction Survey** measures your satisfaction with BCBSNM and identifies areas where we can improve.

How it works:

SPH Analytics (SPH) will administer this year's survey between **June and August**. If selected to participate, **SPH will contact you via email, mail and phone**.

- SPH will send out **email survey invitations** to selected providers with email addresses. These invitations will be followed by a **printed survey**.
- The survey will also be available online at the web address provided on the mailed survey.
- If no response from email or mail, SPH will reach out by phone.

- The physician, nurse, office manager or other qualifying staff may complete the survey.

We look forward to your feedback.

Provider Access and Availability Survey

Every year, we reach out to a selection of our provider community to find out how your office is doing in meeting our members' needs for accessibility. This survey is part of New Mexico state regulatory guidelines and necessary for accreditation. This year the survey will be sent by email with access to an online version of the survey for some providers in August. We will also reach out in August, by phone, to any provider who does not complete the email survey.

This survey takes less than 10 minutes and only requires awareness of provider office scheduling and, for Primary Care Providers (PCPs), the after-hours messaging used by your office. The Provider Reference Manual (section 4.2.7 for PCP and 4.3.3 for Specialist and BH Access Standards) outlines the expected appointment availability your provider office has for our BCBSNM members as well as the requirements for PCP offices around after hours messaging to patients.

Please take a moment to review these standards in the [Provider Reference Manual](#), as they have been updated in 2022 to comply with new NM state guidelines. Thank you in advance for making certain your office responds to this important survey.

Coding and Claims

New Online Option to Confirm Medical Record Receipt Status

Providers no longer need to call Blue Cross and Blue Shield of New Mexico (BCBSNM) to confirm receipt of medical records for claim processing. We recently implemented a new application in our BCBSNM-branded Payer Spaces section via Availity® Essentials for you to verify receipt of medical records for claims submitted by mail or fax.

[Read More](#)

Transparency In Care — Consolidated Appropriations Act

Pricing Information to Display Starting in July

The Transparency in Coverage Final Rule requires health insurers and some employers to publicly display certain health care price information via machine-readable files on their websites beginning July 1, 2022. These machine-readable files will include negotiated rates with in-network

providers and allowed amounts for out-of-network providers. The files are in a format required by the Centers for Medicare and Medicaid Services.

What this means for you

- These files will include the place of service (POS) code, your federal [Taxpayer Identification Number](#) (TIN) and your National Provider Identifier.
- If you're using your Social Security number as your TIN, we encourage you to register for a new TIN and update us through our [Demographic Change Form](#).

[More on the Consolidated Appropriations Act and Transparency in Coverage Final Rule.](#)

Provider Rights and Responsibilities

As a participating provider in Blue Cross and Blue Shield of New Mexico (BCBSNM) provider networks, you have certain rights and responsibilities. Below is information that may affect your practice. We publish this information for providers annually.

[Read More](#)

Member Rights and Responsibilities

As a participating provider, it's important that you are aware of our members' rights and responsibilities.

[Read More](#)

CT Contrast Shortage

GE Healthcare announced they had a shortage of its iodinated contrast products, including Omnipaque™ and Visipaque™. Iodinated contrast is used to provide enhancement of organs, tissues, and blood vessels for CT scans.

[Read More](#)

Blue Cross Medicare AdvantageSM (Medicare)

Flex and Open Access for Medicare Patients and Providers

If you're a Medicare provider, you may treat Blue Cross Medicare Advantage Flex (PPO)SM and Blue Cross Group Medicare Advantage Open Access (PPO)SM members, regardless of your contract or


network status with BCBSNM. That means you don't need to participate in BCBSNM Medicare Advantage networks or in any other BCBSNM networks to see these members. The only requirement is that you accept Medicare assignment and will submit the claims to BCBSNM.

[Read More](#)

Not Yet Contracted?

Providers who are participating in commercial BCBSNM products are not automatically participating providers in Blue Cross Community CentennialSM. 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](#) 

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](#)

Verify Your Directory Details & Look for Reminders

Your directory information must be verified every 90 days under a new federal law. It's easy and quick to get it done for all health plans in [Availity](#) 

[Demographic Change Form](#)




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



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