

Blue Cross and Blue Shield of New Mexico and Lovelace Health Plan Transactions Frequently Asked Questions

Blue Cross and Blue Shield of New Mexico (BCBSNM), has received regulatory approval to acquire the Lovelace Health Plan (LHP) commercial members and the Lovelace Health Plan Medicare Advantage contract in New Mexico.

BCBSNM and Lovelace Health Systems share a commitment to providing access to quality, affordable health care that will allow members to experience a seamless transition. The vast majority of LHP's providers, hospitals and services are already part of the BCBSNM network. Lovelace Health System has also entered into a long-term coordinated care agreement with BCBSNM to further ensure continuity in member's care.

Q1: Did Blue Cross and Blue Shield of New Mexico (BCBSNM) acquire Lovelace Health Plan commercial members and the Medicare Advantage contract?

A1: Yes, Health Care Service Corporation (HCSC), through its BCBSNM affiliate, acquired the Lovelace Health Plan and the Medicare Advantage contract.

Effective June 1, 2014, the Medicare Advantage plan will be known as Lovelace Medicare Plan (HMO and HMO-POS) provided by BCBSNM. BCBSNM will administer benefits for members effective June 1, 2014. These members will now receive their Medicare Part A, B and D coverage benefits through the Lovelace Medicare Plan.

Q2: Will BCBSNM issue new ID cards for these transitioning members?

A2: Yes, however:

- Lovelace Health Plan members can continue to use their Lovelace member ID card until they receive new membership ID cards from BCBSNM.
- All Lovelace hospitals, clinics and pharmacies will continue to accept Lovelace member ID cards until members receive their new ID cards from BCBSNM.

Q3: Who should I contact if I have a question on a claim?

A3: If you have questions on claims for dates of service through May 31, 2014, contact Lovelace Health Plan Customer Care at 505-727-5381 or 800-808-7363, TTY at 800-659-8331, Monday through Friday, 8 a.m. to 5 p.m.

Commercial and FEP plan member claim questions should be directed to the BCBSNM Provider Service Unit at 888-349-3706 for all medical coverage questions and claims incurred on or after June 1, 2014.

For all Medicare Advantage members, contact BCBSNM Customer Service at 877-895-6448.

Q4: If one of my patients has a question on a claim who should they call?

A4: If Commercial or FEP patients have questions on claims for dates of service through May 31, 2014, members may continue to contact Lovelace Health Plan Customer Care at 505-727-5381 or 800-808-7363, TTY at 800-659-8331, Monday through Friday, 8 a.m. to 5 p.m.

Commercial and FEP plan members should contact BCBSNM Customer Service at 800-432-0750 for all medical coverage questions and claims incurred on or after June 1, 2014.

BCBSNM Customer Service is available 6 a.m. to 8 p.m. Monday through Friday and 8 a.m. to 5 p.m. Saturdays and holidays.

Medicare Advantage members should contact BCBSNM Customer Service at 877-895-6448.

Q5: How will current Lovelace Health Plan claims be processed?

A5: Claims incurred and submitted to Lovelace prior to June 1, 2014 under a Lovelace policy will be processed by Lovelace Health Plan.

Medicare Advantage Claims incurred June 1, 2014 and beyond will be processed by BCBSNM. All Medicare Advantage claims incurred prior to June 1, 2014 and not submitted to Lovelace prior to June 1, 2014, please forward to BCBSNM. Medicare Advantage members will retain their current benefits under Lovelace Medicare Plan.

FEP claims incurred June 1, 2014 and beyond will be processed by BCBSNM. All FEP claims incurred prior to June 1, 2014 and not currently submitted to Lovelace, please send to BCBSNM.

Lovelace commercial member claims with **dates of service prior to June 1, 2014 should continue to be submitted to Lovelace**. Claims with dates of services on or after June 1, 2014 should be submitted to BCBSNM.

Q6: What if a member has upcoming surgery scheduled? Should they cancel it?

A6: If a member has a surgery or another service scheduled while under Lovelace Health Plan coverage, this transaction does not change how those services are provided. Claims for covered services provided during this period will also be covered as indicated in the group's existing service agreement.

If a member transitions to a different health plan prior to the date of a scheduled surgery, the member and his physician will need to discuss any preauthorization review needed with the new health plan. The member can also call the customer service number on the back of their ID card to request additional information regarding any preauthorization issues.

Q7: Will the outpatient preauthorizations previously approved by Lovelace be honored?

A7: Yes, we have received an outpatient authorization file from Lovelace. We recognize that the authorization requirements for Lovelace and BCBSNM are different and we will be working with providers to ensure that the appropriate authorizations are in place and that there will not be a disruption in the necessary services to these members.

Please follow these links to the Provider Reference Manual to review the Prior Authorization requirements for both the commercial and Medicare Advantage plans:

- o [Commercial Preauthorization Requirements](#)
- o [Medicare Preauthorization Requirements \(see Section 7\)](#)

Q8: Do services require preauthorization?

A8 Certain services require preauthorization. A telephone number is located on the back of the member's ID card and available on the BCBSNM website for all lines of business.

- o [Commercial Preauthorization Requirements](#)
- o [Medicare Preauthorization Requirements \(see Section 7\)](#)

Q9: Who do I contact to request an authorization?

A9:	<u>Medical Management</u>	<u>Medicare</u>	<u>Commercial</u>
	Prior Authorizations	877-895-6448	800-325-8334
	Case Management	877-895-6448	800-325-8334
	Disease Management	877-895-6448	866-412-8795

Q10: Will Lovelace Health Plan members' current physicians and health care providers still be considered in-network once they become part of BCBSNM?

A10: BCBSNM is working to minimize any network changes and hopes to be able to provide access to the same physicians and providers. BCBSNM has a broad and extensive network, but for those Lovelace Health Plan providers who are not part of that network, we will discuss the opportunity to join our network with these individual providers. Since December 2013, the Network department has been contacting the current providers in the LHP Medicare network to secure a contract for the Lovelace Medicare Plan membership.

Q11: How do I verify eligibility and benefits for Lovelace Medicare Plan members?

A11: For commercial and FEP plan members, call the BCBSNM Provider Service Unit at 888-349-3706 for transitioning LHP commercial members.

For Medicare Advantage members, call BCBSNM Customer Service at 877-895-6448.

Q12: Will I need to sign a new BCBSNM participating provider agreement to replace my Lovelace Medicare Plan contract?

A12: Yes, BCBSNM will begin re-contracting for the Lovelace Medicare Plan network provided by BCBSNM contract in 2014.

Q13: Will the reimbursement change?

A13: Your reimbursement is outlined in your current contract with BCBSNM. If you do not currently have a contract with BCBSNM your reimbursement will be based on your contract with Lovelace for a limited time, or until a contract is secured with BCBSNM. In the event that you do not contract with BCBSNM we will work to transition your Lovelace patient to a BCBSNM contracted provider.

Q14: Where do I submit my Medicare Advantage and FEP claims for dates of service before and after June 1, 2014?

A14: Submit all **Medicare Advantage claims** to:
BCBSNM PO Box 11968 Albuquerque, NM 87192

Submit all **FEP** claims to:
BCBSNM PO Box 27630 Albuquerque, NM 87125

Q15: Where do I submit my Commercial claims for dates of service before and after June 1, 2014?

For dates of service **before June 1, 2014**, submit all **Commercial** claims to:
Lovelace Health Plan, PO Box 549, Buckeystown, MD 21717*

**Note: Lovelace will be accepting commercial claims with DOS before May 31, 2014, through a run-out period of 120 days which ends on September 30, 2014.*

For dates of service **beginning June 1, 2014**, submit all **Commercial** claims to:
BCBSNM PO Box 27630 Albuquerque, NM 87125

Q16: If I am already participating in the Lovelace Medicare Plan is any additional credentialing required?

A16: Additional credentialing may be required by BCBSNM if you currently do not have a contract with BCBSNM. The following criteria must be met to be eligible for participation in the Lovelace Medicare Plan provided by BCBSNM. If additional information is needed a BCBSNM Representative will contact you.

- Must have privileges at one of the Lovelace Medicare Plan participating hospitals (unless inpatient admissions are uncommon or not required for the physician's/professional provider's specialty) or a BCBSNM Medicare Advantage participating hospital.

- Must have a valid National Provider Identifier (NPI) Number
- Cannot have opted-out of Medicare or have any sanctions or reprimands by any licensing authority or review organizations. BCBSNM Medicare Advantage Participating Physicians/Professional Providers cannot be excluded from federal health care program participation or named on the Office of the Inspector General (OIG) or Government Services Administration (GSA) lists which identify physicians/professional providers excluded from federal health care program participation.

Q17: Does the ID card for this product identify BCBSNM and Lovelace Medicare Plan?

A17: Lovelace Medicare Plan provided by BCBSNM members will receive a new ID card, which will identify the type of benefit plan features, including copays and phone numbers to call for provider customer service, the number for preauthorization for certain services and other pertinent information.

Q18: Where can I call for additional information about the Lovelace Medicare Plan program?

A18: Please contact the BCBSNM Network Management department at:

Phone: 505-837-8800 or 1-800-567-8540

Fax: 505-816-2688 or 1-866-290-7718