



Electronic Provider Access (EPA) Frequently Asked Questions

1. What is EPA?

Electronic Provider Access is a tool that enables providers to initiate online pre-service reviews for out-of-area Blue Plan members.

2. What does pre-service review mean?

The term “pre-service review” refers to benefit preauthorization, pre-certification, pre-notification and prior approval.

3. Do all Blue Plans offer EPA?

Yes. All Blue plans are required by the Blue Cross Blue Shield Association to offer Electronic Provider Access. However, there may be some Blue plans that are currently not ready to accommodate pre-service reviews for out-of-area members.

4. What type of pre-service review options does Blue Cross and Blue Shield of New Mexico (BCBSNM) offer?

The following pre-service review options are available to out-of-area provider:

- Medical/Surgical Services
 - Authorizations
- Behavioral Health (IOP)
 - Substance abuse/clinical dependency
 - Psychiatric services, per diem

5. Is this for participating providers only?

No. EPA is for all authenticated providers. Some Plans authenticate non-contracting as well as contracting providers for access to their portals and many Home Plans are interested in including all these providers in EPA to cut down on out-of-area call volume. However, Home Plans are not required to accept providers that are not under contract to the Host Plan. If a Plan elected to allow only providers with contracts with the local Plan to access its portal, BCBSA asked for a Plan-specific message that Host Plans posted to their portals for provider notification: For example, *“BCBS of State does not allow non-Blue providers to access its portal. Please call XXX-XXX-XXXX to obtain pre-service review.”*

6. If Host Plans do not allow non-contracting providers to access local provider portals, can the Home Plan allow these providers to access the Home Plan portal directly?

No. Any electronic transaction between an out-of-area provider and a Home Plan must be initiated through the Host Plan. If non-contracting providers do not have access to EPA at the Host portal, they will have to call the Home Plan for pre-service review.

7. How is the service verified as a covered benefit?

The process for verifying eligibility and benefits does not change with EPA.



8. How does the Home Plan handle pre-service reviews that cannot be handled in real time?

Plans will handle pre-service reviews that are pended essentially the same way they handle pended pre-service reviews for local providers. However, a few requirements have been added to make sure that out-of-area providers are notified of the status:

- If the pre-service review cannot be completed in real-time, the Home Plan must display a response on the portal regarding the status of the pre-service review and how the out-of-area provider will be notified of the final determination (i.e., mail, e-mail, fax or phone).

9. What if I have additional questions?

Visit the [Education and Reference Center/Provider Tools section](#) of our website at bcbsnm.com/provider for tip sheets to assist you with various types of requests.

Checking eligibility and/or benefit information 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 any questions, please call the number on the member's ID card.

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