



**BlueCross BlueShield
of New Mexico**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association



PRESBYTERIAN
Health Plan, Inc.

UnitedHealthcare
Community Plan



FAX Submission

BH Clinical Review and Notification Forms

Submit completed form to:

☐ **Blue Cross and Blue Shield of NM**

Email: BHutilizationManagement@BCBSNM.com

Fax: 505.816-4902

☐ **Molina Healthcare**

Email: BHRequests@Molinahealthcare.com

Fax: 505.924.8237 or 888.295.5494

☐ **Presbyterian Health Plan**

Email: nmcentennialcare@magellanhealth.com

Fax: 505-213-0169

☐ **UnitedHealthcare Community Plan**

Email: um.bh-nm@uhc.com

Fax: 844-388-2241

☐ **OPTUM (Non-Medicaid)**

Email: NM023@optumhealth.com

Fax: 877-296-1152

☐ **Qualis FFS**

Fax: 888-562-2755