BlueCross BlueShield of New Mexico

DATA & REPORTING

LUMINARE HEALTH®

Moving to Luminare Health as your Third-Party Administrator (TPA) changes the way claims move through Blue Cross and Blue Shield of New Mexico system, how they're reviewed, and how the information is used for reporting.

What You Maintain:

- Automated reporting delivery
- Drill-Down capabilities
- Bundle report packages
- Multi-format report outputs
- Robust data filtering
- Risk score assignment
- Dashboard configuration and management

What You Can Expect:

- Expanded reporting application capabilities
- Reporting access through the employer portal
- Flexibility to partner with a wide range of Pharmacy Benefit Management (PBM) vendors

Key Differences:

- Luminare Health serves as the primary reporting source for claims data.
- Reports are generally standardized and may offer fewer customization options.
- Reports may look different and use different data sources within Luminare Health.
- Luminare Health's reporting application does not include administrative cost details.
- Benchmarking is available but may have fewer options.
- Paid date definitions differ by reporting application.
- Historic data can be loaded to support high-level trend analysis; however, due to differences in legacy plan designs and data structures, not all historical fields will align with ongoing data. Additional fees may apply.

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BlueCross BlueShield of New Mexico

Medical Paid Dates

Reports from BCBSNM

Medical Paid Date: Date claim is processed by the BCBSNM claim system

Reports from Luminare Health

Medical Paid Date: Date the claim is processed within Luminare Health's claim system

BCBSNM and Luminare Health are enhancing the data loading process to introduce an additional date field in 2027, which more closely aligns with the BCBSNM medical paid date. This field will be available in the Administrative Reports Claim Summary, Claims Summary by Product Code, and Lag Reports.

Pharmacy Paid Dates

Reports from BCBSNM

Reporting aligns with account billing cycles with paid date assigned on a weekly basis

Reports from Luminare Health

Beyond Insights: Pharmacy paid dates are provided by the PBM. This date passed on the file by the PBM is typically within 1-2 days of the prescription fill date

Stop-Loss Reporting: To align with billing cycles for PBM invoicing, the paid date is manually assigned on a twice monthly basis

Lag Triangle Reporting

Claims processed by Luminare Health near the end of a month may be reflected in different calendar months within lag triangle reporting, depending on the reporting application.

Stop-Loss & Large Claims Reporting

Luminare Health stop-loss reports are the source of truth for stop-loss reporting.
Other reports (e.g., High-Cost Member reports) may be used as supporting information but may not fully align due to known differences in data logic.
Standard stop-loss reporting includes individual and aggregate reinsurance reports, as well as large claimant notifications.

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When is reporting available?

Luminare Health Administrative Reporting data is refreshed daily. Luminare Health Analytics Reporting (Beyond Insights), data is refreshed fully each month, with weekly incremental updates.

LUMINARE HEALTH REPORTING | Sample timeline for a plan year starting January 1

Standard Reporting Timeline

Year 1 starts

Reporting Needs Assessment
Discuss reporting needs, align on expectations, and establish next steps.

Aug-Oct

Establish Recommended Reporting Packages
Identify standard reports, delivery frequency, and distribution recipients.

Oct - Dec

Standard Reporting Begins

PBM data unavailable in Beyond Insights until data loading completes

Jan - Feb

Standard Reporting Continues
PBM data becomes available

Mar - Jan

PBM Data Load for Beyond Insights | Luminare Health Analytics Reporting Application

This timeline applies only to PBM data availability within the Beyond Insights reporting application.
PBM files sent directly to Luminare Health for stop-loss and accumulator calculations are not impacted by this timeline.

Kick-off
Luminare Health establishes a relationship with the PBM.

Oct-Nov

Data Agreements
PBM's often require data sharing agreements to be executed during this phase.

Nov - Jan

Please address data-sharing agreement requirements promptly to avoid delays in data availability within the application.

Data Mapping
Luminare Health partners with your PBM to define file layouts and required data mapping

Nov - Mar

Load of Data
The PBM sends the initial file. Data mapping is finalized and validation and loading steps begin. This process occurs over multiple two-week sprint cycles.

Mar-Jun

Timelines may vary based on PBM responsiveness and data quality.

If PBM reporting is needed earlier, please work directly with the PBM.
When applicable, historical data loading follows a similar timeline to the PBM data load for Beyond Insights

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