

2022 Blue's Tour

August 2022



Presenters

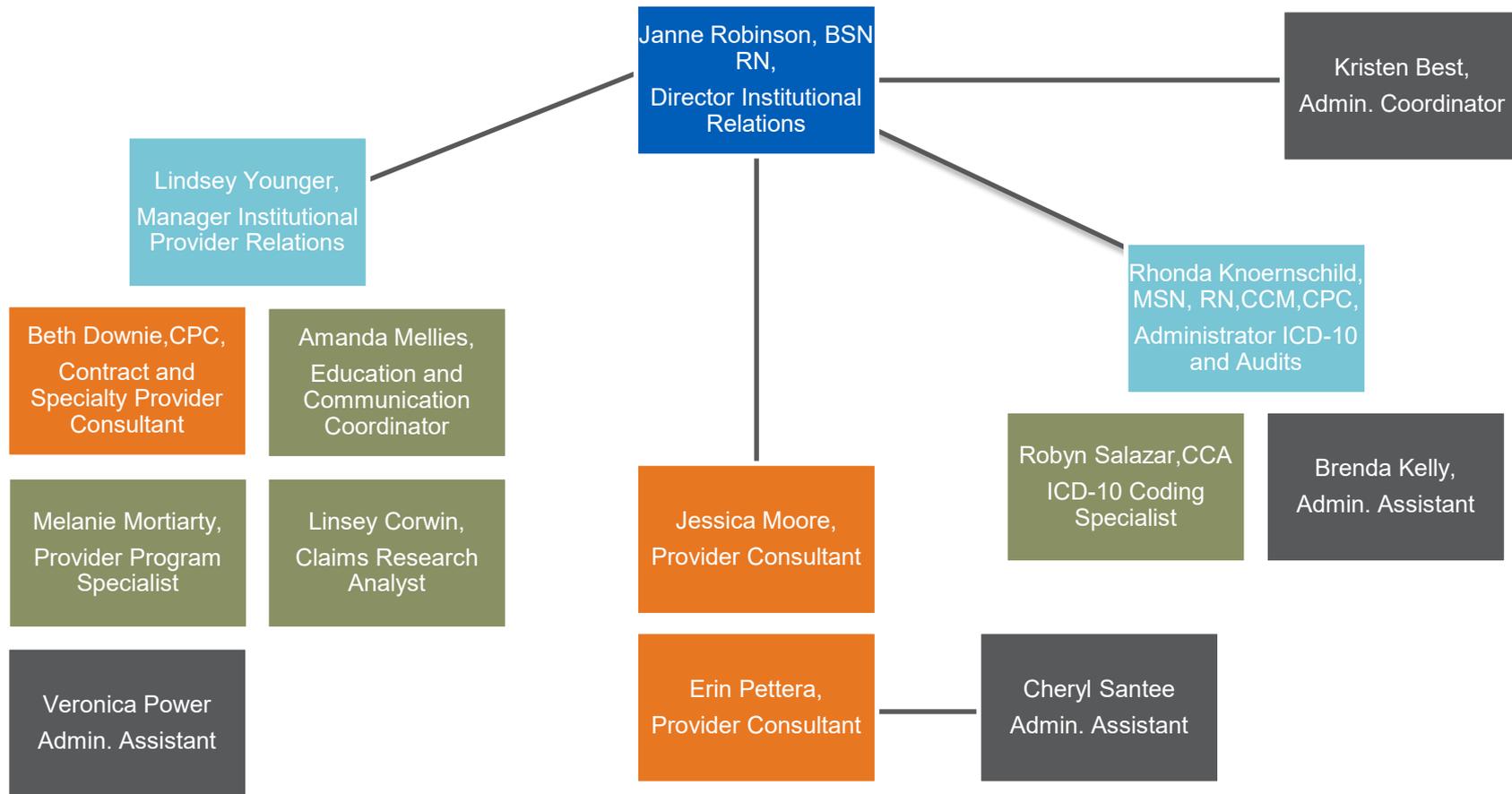
- Amanda Mellies, Provider Relations Education Coordinator
- Jessica Moore, Provider Consultant
- Erin Pettera, Provider Consultant
- Janel Clark/Jessica Malsom, EDI Account Representatives

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Institutional Relations Staff





02

Institutional Provider e-News Sign-up



Institutional Provider e-News Sign-up

- Most of the provider information sent from Blue Cross and Blue Shield of Kansas (BCBSKS) to Institutional Providers is through email notifications, known as e-News.
- Go to www.bcbsks.com > Providers Home >> Institutional Provider >> e-News
- Provide your name, Title, Facility/Organization, City, State, & Email

<https://www.bcbsks.com/providers/institutional/e-news>



03

Provider Certifications

Provider Certifications

- Cardiac Rehabilitation
 - Diabetic Education
 - Inpatient Hospice
 - Lactation Services
 - Pulmonary Rehabilitation
-
- Program approval from BCBSKS is required to provide these services.
 - See the provider manual for specific program details.
 - If you have questions regarding Provider Certifications, please contact Amanda Mellies 785-291-7236 or amanda.mellies@bcbsks.com



04

Availity Updates



Availity - Updates

- BlueCard Claims in Availity (5/18/22)

Blue Cross and Blue Shield of Kansas (BCBSKS) would like to notify you of a recent change to Availity.

Effective Sunday, May 15, 2022, BlueCard claims submitted to BCBSKS will now be available to view in Availity.



06

BlueAccess Reminders

BlueAccess - Reminders

Room Rate Registration Form

- Submit this form at least annually and when rates change.
 - New room rates will be effective the 1st of the month following the acceptance of your room rate change form.
- BlueAccess > Resources > Forms, Publications and Procedures > Room Rate Registration Form
- Information needed to complete the form
 - Name(of person registering rates), title, Contact Email, Contact Phone Number
 - Hospital Name, Hospital Address, BCBSKS Provider #, Medicare Provider #
 - Room Rate Effective Date
 - Identification if the facility is a private bed only facility
 - Enter acute care bed rate for either semi-private and/or private



BlueAccess - Reminders

Provider Information Form

- Submit this form with updated information or attest that the information is correct
- Submit within a rolling 90 days (4 times a year)
- Failure to submit will result in the facility being suppressed from our provider directory
- BlueAccess > Provider Information > Provider Information Form
 - Includes the contact information of key people within your organization Administrator, CEO, CFO, Quality Director, Business Office Manager
 - Includes the address information for that NPI for the correspondence, payment, remittance, physical location
 - Includes the person authorizing the submission/changes with contact name, email, phone and additional comments

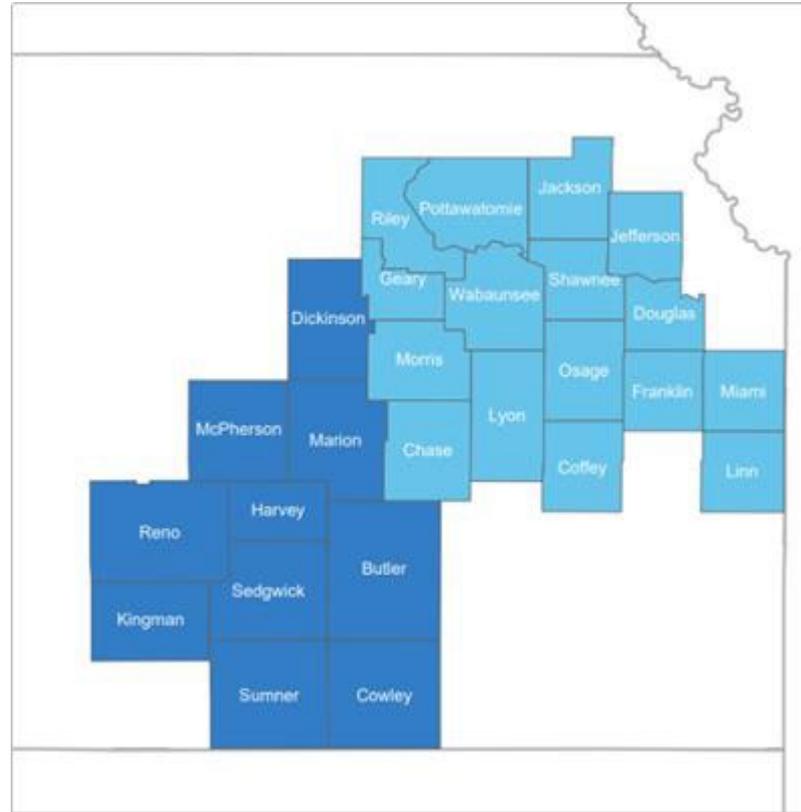


05

Medicare Advantage (MA)

MA Counties

- Butler
- Chase
- Coffey
- Cowley
- Dickinson
- Douglas
- Franklin
- Geary
- Harvey
- Linn
- Lyon
- Jackson
- Jefferson
- Kingman
- Marion
- McPherson
- Miami
- Morris
- Osage
- Pottawatomie
- Reno
- Riley
- Sedgwick
- Shawnee
- Sumner
- Wabaunsee





MA Reminders

CMS Rate Letters

- Send to marateletters@bcbsks.com
- Takes 30 days to update

Resources

- BCBSKS Webpage
 - MA Provider Manual
 - Benefit Summaries
 - Admission Guidelines

Claim Submission

- Submit electronically to BCBSKS
- Paper claims
 - Prefix M3A:Mail to BCBSKS
 - All other prefixes Mail to PO Box 261323 Plano TX 75026-1323

Appeal Submission

- Kansas Mail to PO Box 260875 Plano TX 75026-0875
- Out of state Mail to BCBSKS



07

COVID-19 Reminder

COVID-19 changes to end, additional ones to take place

For nearly two years, Blue Cross and Blue Shield of Kansas (BCBSKS) has worked with providers to ease some of the financial stress and burdens during the COVID-19 pandemic. As we near the end of the year, we want to make sure you are aware that some of the modifications put in place are coming to an end or are changing. We had communicated through our newsletter that these changes would occur at the end of the year or the end of the declared public health emergency, whichever occurred first.

Effective January 1, 2022:

- **Telehealth reimbursement** – We recognize the importance and value of telehealth services and are adjusting the pre-COVID allowance to 100% of the professional component of the CPT code billed. QBRP incentives will continue to apply to telehealth. In addition, we will increase the professional component from 100% to 105% for behavioral health telehealth services (applicable CPT codes) to support access to behavioral health services via telehealth due to geographic behavioral health professional shortages in Kansas. Pre-COVID, BCBSKS allowed 85% of the professional component of the CPT code billed.
- **Telehealth expansion** – BCBSKS is expanding the use of telehealth by doctors and other healthcare providers for conditions that are medically reasonable to be treated in this manner – e-Visits, virtual hospice services, partial hospitalization and hospital-based physical, speech and occupational therapy services.
- **In-patient pre-certification** – BCBSKS will require pre-certification for all inpatient stays. We will no longer waive the inpatient pre-certification and continued stay review requirement for COVID-19 admissions. Long term acute care and inpatient rehabilitation also require pre-certification.
- **COVID-19 cost share** – Members will be responsible for their cost share for COVID-19 treatment. BCBSKS will no longer be covering the full cost of care. COVID-19 testing and vaccinations are still fully covered.





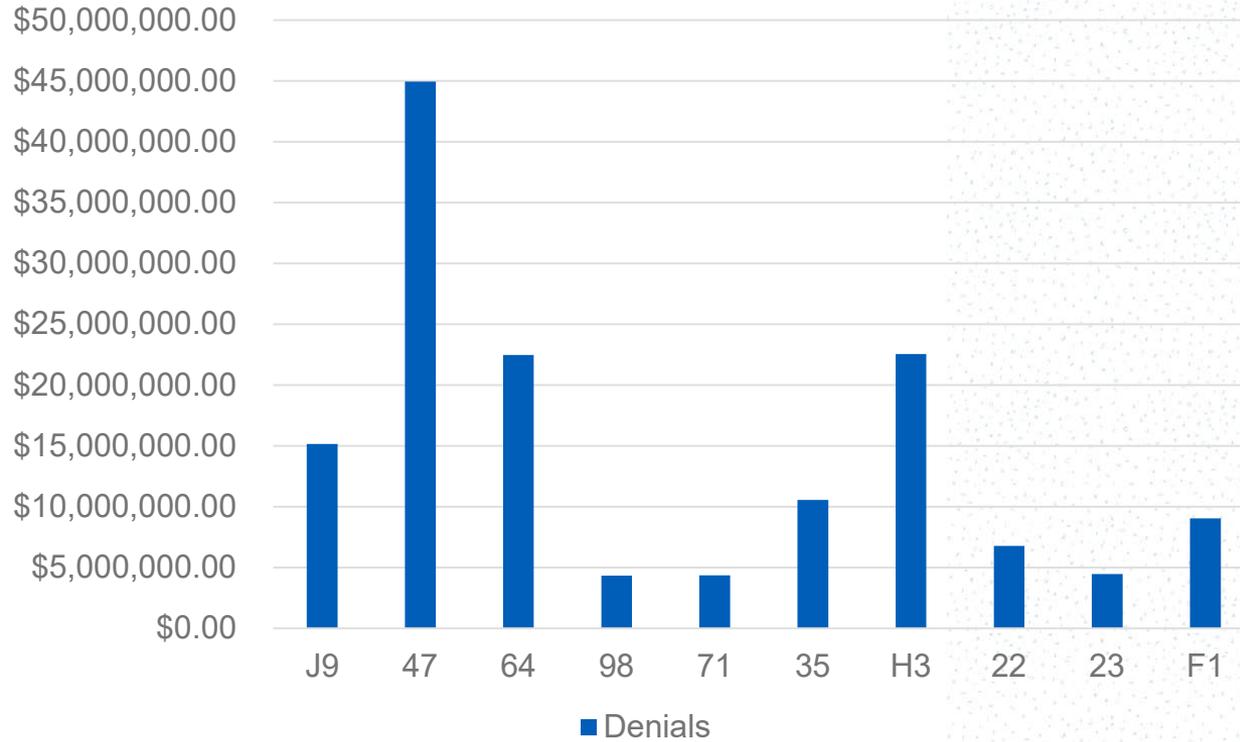
09

Top 10 Denials

Top 10 Denials



Denials





10

Top 10 CPT Denials



Top CPT Denials

36415: Venipuncture

- Does not have a medical policy
- 2021 denied 20,290 totaling \$661,662.38

85025: CBC

- Does not have a medical policy
- 2021 denied 18,348 claims totaling \$2,069,618.11

80053: Comprehensive Metabolic Panel

- Does not have a medical policy
- 2021 denied 17,217 claims totaling \$3,815,336.59

82306: Vitamin D

- Has a medical policy
- 2021 denied 6,149 claims totaling \$1,682,337.12



Top CPT Denials

93005: ECG Tracing Only

- Does not have a medical policy
- 2021 denied 6,038 claims totaling \$2,152,385.06

84443: Thyroid Testing

- Does not have a medical policy
- Preventive if under age 1
- 2021 denied 5479 claims totaling \$751,392.26

Q9967: Iodine Contrast (MRI/CT/ect)

- Does not have a medical policy
- 2021 denied 5436 claims totaling \$2,470,707.71

99284: ER Visit

- Does not have a medical policy
- 2021 denied 5362 claims totaling \$6,653,239.55



Top CPT Denials

96374: Prophylactic Injection

- Has a medical policy
- 2021 denied 5234 claims totaling \$1,389,935.51

81001: Urinalysis

- Does not have a medical policy
- 2021 denied 4812 claims totaling \$420,485.62



08

Rural Emergency Hospital (REH)



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2023 QBRP Changes

QBRP Changes for PPS Hospitals

- QM 6: Additional qualifying language has been added to the Clinic Data Submissions via HL7 or CCD measure.*
- QM7: Hand Hygiene benchmark has been lowered. The compliance percentage moved from 95% to at or above 93%.
- QM18-22: Low Volume qualification has been expanded. A tier has been added to the LV measure to include hospitals with 1701 to 1900 inpatient days.

***Qualifying for CDR/HIE Incentives**

BCBSKS has begun evaluating provider data that's been contractually agreed to be sent through KHIN to VN to BCBSKS. There have been some data attributes that are not being sent in the message types identified below. The message types have been the criteria for CDR/HIE incentives to date. BCBSKS wants to ensure that providers are sending meaningful data contained within the message types and as a result have created a HL7 v2 specification that should help providers or EMR vendors ensure they're sending data attributes that BCBSKS desires.

For additional technical information regarding the metric column and specific data attributes BCBSKS desires, please see the following BCBSKS HL7 v2 specification (links below). This information will be useful for your HL7 interface engine administrators, EMR vendor, or other HL7 technical resources. BCBSKS wants to let providers know as soon as possible about upcoming change requests so that providers may plan, coordinate, and implement HL7 change requests accordingly. **These changes will be preferred for 2023 and required in 2024.**



QBRP Changes for CAH Hospitals

- QM 4: Additional qualifying language has been added to the Clinic Data Submissions via HL7 or CCD measure.*
- QM6: Hand Hygiene benchmark has been lowered. The compliance percentage moved from 95% to at or above 93%.
- QM17-21: Low Volume qualification has been expanded. A tier has been added to the LV measure to include hospitals with 1701 to 1900 inpatient days.

*Qualifying for CDR/HIE Incentives

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2023 QBRP Period

Timeframe

- Data for discharges 1/1/22 to 6/30/22
- CSR* 5/1/22 to 10/31/22
- PFE 12/31/22 thru 6/30/23
- Low Volume*
 - Cost Report 10/1/21 to 9/30/22
 - Education Events 5/1/22 to 10/31/22

*Specific to provider types.

Due Date

11/5/22

Effective

1/1/23 to 6/30/23

2023 QBRP Period

Timeframe

- Data for discharges 7/1/22 to 12/31/22
- CSR* 11/1/22 to 4/30/23
- PFE by 7/1/22 thru 12/31/22
- Low Volume*
 - Cost Report 10/1/21 to 9/30/22
 - Education Events 11/1/22 to 4/30/23

*Specific to provider types.

Due Date

5/5/23

Effective

7/1/23 to 12/31/23



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2023 Contract Changes



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Cost Transparency

Cost Transparency

In late December 2020, Congress passed the Consolidated Appropriations Act (CAA).

BCBSKS Resources

- CAA Information Page <https://www.bcbsks.com/caa>
- No Surprises Act Fact Sheet <https://www.bcbsks.com/documents/no-surprises-act-mc320-2021-12-16>

Consolidated Appropriations Act

What you need to know about upcoming changes in the health insurance industry.

In late December 2020, Congress passed the Consolidated Appropriations Act (CAA). This law was designed to help reduce some barriers within the healthcare industry. Providers and health insurance companies are required to put several measures in place including making the cost of care available on Plan and provider websites, eliminate surprise billing, and provide continuity of care when a provider/facility leaves the network. These changes apply to individual and group health plans (grandfathered and non-grandfathered).

Originally, changes were required to be implemented by Jan. 1, 2022. Over the past several months, a number of required changes have been delayed by the federal government while they work out details of the requirements. Blue Cross and Blue Shield of Kansas (BCBSKS) has multiple teams working to finalize implementation of measures required to be in effect by Jan. 1, 2022 and continuing in good faith to move forward on the delayed requirements.

For more detailed information and frequently asked questions, visit bcbsks.com/caa.

Member verification.



Balance Billing: Surprise bills must be covered at in-network rates.

Health plans must negotiate surprise medical bills on behalf of patients who receive emergency services rendered by out-of-network providers/facilities, air ambulance services, and services provided by out-of-network providers at in-network hospitals or facilities. The new law lifts the burden off patients so they are held harmless and not balance billed for provider charges that exceed the in-network rate.



Health plans must keep their provider directories up to date, and verify they are accurate no less than every 90 days.

Additionally, carriers must also establish a "response protocol" system, allowing them to respond to covered individuals, within a newly required one-business-day timeframe, when asked whether a provider or facility is considered "in-network."



Changes go into effect Jan. 1, 2022, unless otherwise noted.



Health plans must provide price comparison tools to consumers.

These tools, which must be available by phone and internet, allow covered individuals and in-network providers to compare expected cost-sharing amounts for covered services. The new BCBSKS price comparison tool will be rolled out in early 2022.



bcbsks.com

Verify provider information.



Health plans must provide advanced Explanation of Benefits (EOBs) to consumers upon request, and to consumers proactively before scheduled care.

Health plans must provide advanced EOBs explaining benefits and estimates of cost-sharing before scheduled care. They must furnish such good-faith estimates, within three business days, of what the plan will pay and what the patient cost might be for covered services (whether the provider is in-network or out-of-network). For services scheduled within 10 days, the advanced EOB must be distributed within one business day. (Delayed until mid-2022.)



Providers must also furnish good-faith estimates of expected charges for services — including related billing and diagnostic codes in advance of a service.

Providers are also expected to furnish charges for services that are reasonably expected alongside the scheduled services. (Delayed indefinitely.)



Health plans must notify individuals when a provider/facility leaves its network and must provide related transitional continuity of care to patients in some circumstances.

For patients receiving certain types of ongoing care from affected providers or facilities, health plans must provide up to 90-days of transitional coverage (or until treatment ends) by those providers, at in-network rates. Such transitional coverage is generally available for patients being treated for serious/complex health conditions, inpatient care, non-elective surgery, pregnancy and terminal illness. Members impacted by provider network changes will be sent a letter and opt-in form to see if they qualify for continuity of care with their provider.



BlueCross BlueShield
Kansas

1133 SW Topeka Blvd, Topeka, KS 66629



Carriers must update and re-release physical and digital ID cards.

For plan years beginning January 2022 or later, these cards must list plan deductibles and out-of-pocket maximum limits. BCBSKS has made the required changes and will begin distributing cards based on enrollment and renewal dates.



Health plans must make available in-network negotiated rates and out-of-pocket (OOP) costs.

The in-network negotiated rates with providers will be available in regularly updated, machine-readable files located on bcbsks.com. Personalized OOP cost information will be made available, upon request. The OOP cost information will be made available in two waves — an initial list of 500 services for plan years that begin on or after Jan. 1, 2022, and the remainder of all items and services for plan years that begin on or after Jan. 1, 2023.



Health plans must update some pharmacy reporting procedures.

Health plans are required to report on pharmacy benefits and drug costs. Plans will be required to annually report a number of plan details to the Departments of Health and Human Services, Labor and the United States Treasury. (Delayed until Dec. 27, 2022.)



Health plans will be required to strengthen parity in mental health and substance use disorder benefits.

Health plans are required to strengthen parity in mental health and substance use disorder benefits. Under the new requirements, individual and group health plans, including self-funded group health plans, must conduct and document a comparative analysis of their non-quantitative treatment limits (processes, strategies, standards, or other criteria that limit the scope or duration of benefits for services provided under the plan) for mental health, substance use disorder and medical surgical benefits. The new mental health parity requirements went into effect on February 10, 2021.



14

Member Support

Improve quality of life

We provide the tools to help members take charge of their lives with disease management.

Our nurses provide one-on-one support to members* via telephone calls to help them develop self-care habits.

- Asthma (age 5+)
- COPD
- Diabetes (ages 5+)
- High Blood Pressure
- Heart Disease
- High Cholesterol

<https://www.bcbsks.com/health-and-wellness/disease-management>

*State of Kansas employees, as well as some other employer groups, do not provide our programs as an option. If you are an employee at one of those businesses, contact your human resources department to inquire about similar programs.

Case Management

Case managers work with the member's health care team to coordinate services.

Situations that may benefit from the case management program could include but are not limited to:

- Complex wound management
- Head injuries and strokes
- High risk pregnancies
- Multiple trauma
- Palliative and end of life care
- Premature/High risk infant
- Progressive neuromuscular diseases
- Severe burns
- Specialty drugs
- Spinal cord injuries
- Transplants
- Ventilator dependency

<https://www.bcbsks.com/health-and-wellness/case-management>



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Community Support



We can help connect patients to community resources

Finding help to meet patient needs is easy.

- Search our directory by zip code and type of services needed.
- View what organizations have those services available and contact them directly for assistance.
- Start connecting to resources <https://search.healthify.us/en/bcbsks>



**A NEW +
STATE OF
MIND**

2 in 5 Kansans experience mental illness in any given year.

We have someone good in mind for every type of mind.

All the mental health care you'll ever need, someone good and available for you..

- Search by location, setting and/or specialty.
- MiResource https://bcbsks.miresource.com/?utm_campaign=Landing-page-partners-resource-link



Blue Health Initiatives

Trailblazer initiatives catalyze change by piloting innovative solutions to address the unique needs of our state.

- Kansas Community Network
- Kansas Community Investment Fund

Pathways to a Healthy Kansas partnering with 24 communities across Kansas to improve health outcomes.



PATHWAYS to a
HEALTHY
KANSAS

Healthy Lifestyles initiatives engage Kansas in promoting healthy habits and active living.

- Fitness Courts
- Walk with a Doc
- Be the Spark
- Bike Share



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BlueCross BlueShield
Kansas

80
Years

**80 years of commitment,
compassion and community.**