



Professional Provider Report

A newsletter for professional providers and their staff members

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Sign up Today! Insurance Billers Workshop

Don't miss your chance to sign up for our last Insurance Biller's Workshop of the year! During the workshop we will discuss BCBSKS programs, general benefits, current guidelines, proper billing and coding requirements as they apply to BCBSKS. We have already held two workshops and have one last date remaining.

June 14, 2023, 9 AM - 12:30 PM

Registration is required. Please complete your registration for one of the workshop dates here. Please include your credentials along with your registration. A confirmation email will be sent prior to the workshop. Workshop handouts are available on our website, which can be found here, there will not be an email sent with the attachments.

With the approval from the American Academy of Professional Coders (AAPC), 3.5 hours of continuing education units (CEUs) are available. You must attend the full session in order to receive your CEUs and your certificate of accreditation.



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Infliximab Preferred Biosimilar Update

The rising cost of healthcare nationwide is a very serious issue. One of the proven ways for the health system to address the rising costs is to use biosimilars. Biosimilars are FDA-approved drugs that are highly similar to the reference product. This means that they have no clinically meaningful differences from a reference product and are expected to deliver the same outcome as the brand-name product. Switching to a biosimilar significantly reduces health costs across the health system. Blue Cross and Blue Shield of Kansas (BCBSKS) has been implementing preferred biosimilar products since 2021 and include biosimilars for filgrastim, infliximab, pegfilgrastim, rituximab and trastuzumab.

BCBSKS has utilized preferred products for infliximab since January 1, 2022, however the **preferred products will be changing to Avsola and Inflectra on April 1, 2023**. Providers who use a preferred product will **NOT** need to pursue a prior authorization to use the preferred product. Providers who choose to use a non-preferred product will need to obtain a prior authorization to use the non-preferred product.

If you have any questions, please contact your BCBSKS provider representative.

Reference Product	Preferred Products - do <u>NOT</u> require a Prior Authorization	Non-Preferred Products - <u>DO</u> require a Prior Authorization
Infliximab	Inflectra Avsola	Remicade Renflexis

Risk Adjustment

What is Risk Adjustment?

As defined by Centers for Medicare and Medicaid Services (CMS), risk adjustment (RA) predicts the future health care expenditures of individuals based on diagnoses and demographics. This model predicts health care costs based on the actuarial risk of enrollees which is established based on chronic conditions, age, race, socioeconomic status, and gender. The goal of risk adjustment is to mitigate the impact to insurers with higher-risk populations and help manage health insurance premiums annually.

How can you affect your patients' RA score?

Submitting claims data and encounters timely, accurate and complete to capture both chronic and acute conditions. CMS uses diagnosis codes submitted on claims and maps them into categories called Hierarchical Condition Category (HCC). Each

HCC is tied to a dollar amount and is used to risk adjust payments for enrollees with differences in their expected medical costs. Patients can have more than one HCC assigned to them and it's CMS expectation that those codes are captured year.

Why are medical chart reviews beneficial for providers and members?

CMS payments are dependent upon accurate records submitted from our providers and facilities. Undocumented, inaccurate, or missed diagnoses can be a major part of our members not receiving the quality of care they not only deserve but need to live a healthy life. Our goal is to capture the full picture of a patient's illnesses each year, no more or less. By reviewing medical records, this allows missing diagnoses and care gaps to be identified as well as those conditions that were over coded.



Risk Adjustment documentation and coding accuracy guidelines:

- Demographics
 - Include the patient’s name and date of birth, or a second identifier, on every encounter
- Valid provider signature
 - Include credentials and date the service was rendered
- Code to the highest level of specificity
 - Document the exact code that identifies the condition supported within the progress note
- Accurately document combination codes
 - Use terms such as ‘associated with’ or ‘due to’ to clearly identify the conditions are related
- Document co-existing conditions
 - Include all conditions that co-exist at the time of the visit and impact the member’s treatment or management of care
- Unconfirmed diagnoses
 - Avoid terms like ‘rule out’, ‘suspected’, ‘possible’, ‘consistent with’, ‘likely’, etc.
 - The only exception to ‘rule out’ is in an

inpatient setting when documented within the discharge summary

- History of codes
 - Conditions that previously existed but are no longer considered current or receiving active treatment should be reflected with the appropriate Z code
- Diagnostic Tests
 - The diagnosis must be confirmed by the treating provider in the body of the medical record (SOAP, progress note, discharge summary) before it can be coded as a confirmed diagnosis
- Acronyms/Abbreviations
 - If using acronyms and/or abbreviations, ensure the context within the documentation clearly outlines for proper interpretation

Remember! Medical record documentation must be clear, concise, complete, and legible. Also, if it isn’t documented, it didn’t happen.

New Directions Behavioral Health Name Change

Blue Cross and Blue Shield of Kansas’ (BCBSKS) behavioral health partner, New Directions Behavioral Health, is changing its name to Lucet. The transition to the company being referred to as Lucet took effect on Jan. 19, 2023. This does not change anything for you. Your contract continues to be Blue Cross Blue Shield.

The company formerly known as New Directions, now Lucet, continues to have the same staff and leadership. Your contacts and support will remain the same. The Medical Necessity Criteria and online portal, WebPass, will also remain the same. We are currently working on

updating all manuals and other documents to reflect the name change.

We do not anticipate that anything will change for you except their name. If you have any questions, please contact your BCBSKS provider representative.



Reminder for colonoscopies as a follow up to positive Cologuard test

It has been recommended by the United States Preventative Services Task Force (USPSTF) that when stool-based tests reveal abnormal or a positive result, a follow up screening colonoscopy is recommended. In order for claims to process for a follow up colonoscopy as screening, please bill with appropriate CPT and

diagnosis codes according to the Preventive Services guidelines, which can be accessed [here](#). Claims will process for a colonoscopy as a screening test after an abnormal Cologuard effective May 28, 2022 with a retroactive effective date of January 1, 2022. Claims will be adjusted accordingly.

Update to enrollment and credentialing process

Over the last several months providers may have experienced longer than usual times to complete the enrollment and credentialing process. This temporary setback was caused by resource challenges as we implemented a major systems project while balancing our daily intake and completion of new enrollment, changes, and credentialing. We sincerely appreciate your patience as we worked through this unfortunate situation. We have added resources and

our staff has worked tirelessly to restore our stellar service providers have enjoyed for many years. We are pleased to advise you we are now current on provider enrollment and credentialing. If you have any outstanding records that need to be reconciled, please let your professional relations rep know so we can get those finalized. Again, thank you for your support through this unprecedented time.

NCQA's antibiotic-focused courses, CEUs, available on-demand for free

NCQA's antibiotic-focused courses are available on demand for free. Each course is approved for a maximum of 1.0 AMA PRA Category 1 Credits™ and 1.0 ANCC and ACPE credits, providing an opportunity for you to earn up to 5 credits! But don't wait too long—these courses will only be available until December 31.

- [Defining Antibiotic Stewardship and Reviewing Associated HEDIS® Measures](#)
NCQA staff discuss HEDIS measures that assess antibiotic prescribing for three conditions driving inappropriate prescribing.
- [What's New in the World of Antibiotic Stewardship? Part One: Using Performance Measures in Practice to Drive Change](#)
Learn about NCQA's new HEDIS antibiotic measure, and how a high-performing organization monitors antibiotic utilization.
- [What's New in the World of Antibiotic Stewardship? Part Two: Impacts of COVID and Use of Telehealth](#)
An expert physician from the CDC discusses current research on antibiotic stewardship. Learn how the pandemic and recent telehealth trends may affect antibiotic prescribing.

- [Addressing the Social and Behavioral Drivers of Prescribing: Innovative Approaches to Antibiotic Stewardship](#)
Speakers highlight practical, evidence-based strategies to address how social and behavioral factors affect antibiotic stewardship.
- [Panel Discussion: How Health Plans Approach Antibiotic Stewardship and HEDIS Antibiotic Measures](#)
High-performing health plans share best practices and lessons from the field and NCQA discusses Measurement Year 2020 performance on HEDIS antibiotic measures.

Physicians, nurses, pharmacists and PCMH Certified Content Experts may earn [credit](#). If you have a problem completing a course or obtaining CEU Credits, please email sdobbs@ncqa.org.

Remittance advice remark and reason codes: where to find them

Blue Cross and Blue Shield of Kansas (BCBSKS) follows the Health Insurance Portability and Accountability Act (HIPAA) Transactions and Code Sets implementation. These are mandated remark and adjustment reason codes. As a reminder, lists of these codes with a description are available through [X12.org/codes](https://www.x12.org/codes):

[Claim Adjustment Reason Codes \(139\)](#)
[Remittance Advice Remark Codes \(411\)](#)

If you have any questions, please contact your BCBSKS provider representative.



CIK Association benefit information reminders

Blue Cross and Blue Shield of Kansas (BCBSKS) would like to help assist you in obtaining benefit information for Construction Industry of Kansas (CIK) Association members by providing some Q&As.

CIK Association Group Information

- Group: Construction Industry of Kansas
- Alpha Prefix: KRM followed by a 12-digit number

Blue Cross Blue Shield can't locate one of my CIK Association patients as a member in their system. What should I do?

There are more than 30 different Blue Cross Blue Shield plans nationwide.

Some employers partner with National Alliance, an organization that administers certain health plans on behalf of Blue Cross Blue Shield of Kansas. For these employer groups, the local Blue Cross Blue Shield of Kansas service center will not have access to information about members.

Please confirm your office has contacted the correct health plan administrator by calling the customer service number on the back of the member's ID card.

How do I confirm benefits for a CIK Association member?

Providers can confirm benefits in multiple ways:

- Via Availity
- Using the My Insurance Manager tool, accessible

at MyHealthToolkitKS.com by choosing the Provider login.

- Call Provider Services at 800-868-2510

To confirm benefits for a specific member, all of the following will be required to produce the best search results: member ID number, name, and date of birth.

How do I request a prior authorization for a CIK Association member?

Providers can request prior authorization in multiple ways:

- Phone: Call 888-376-6544 and press '1' for prior authorization line
- Online: Choose the Provider login at MyHealthToolkitKS.com
- Fax: Send faxed requests to 803-264-0181

A Blue Cross member cannot locate their group number to fill out our required forms. What should I tell them?

Plans administered by National Alliance do not have group numbers – everything is driven by the member ID number. If there is a requirement to fill in something for group number field, please list the member ID number.

Where are providers supposed to file claims for these members?

Providers should file claims to the local Blue Cross Blue Shield plan in their area.



Deadline for Provider Information Portal (PRT)

The upcoming qualifying period ends May 31st for the every 90 day attestations confirming accurate provider data on file at Blue Cross and Blue Shield of Kansas (BCBSKS) through the Provider Portal. To access the Provider Portal, sign in through Availity.com, and select BCBSKS under payer spaces.

Attesting to your provider demographics timely will ensure your QBRP incentive remains effective. This information is used in provider directories, network adequacy reporting, and other down-line operations

within the health plan, adding to the importance of the data remaining current.

Keeping your provider contact information current is crucial for our members/your patients. A quick tutorial for attesting to data is available on the Education and Workshops page under Web-Based Education.

Please contact your Professional Relations representative with any questions pertaining to the provider attestation QBRP.

Highmark transitions to MCG health clinical guidelines

Effective February 13, 2023, Highmark will incorporate MCG Health clinical guidelines into Highmark's criteria of clinical decision support, replacing Change Healthcare (InterQual). This change is being made to align the clinical review processes and platforms for Highmark health plans.

As a reminder, you may view out-of-area Blue Plan's general pre-certification/preauthorization information

by visiting our Precertification/prior authorization provider page, which can be found [here](#). For benefit information utilize Availity or call the number on the back of the member's ID card.

If you have additional questions regarding the latest news article, please contact your BCBSKS provider representative.

Reminder: QBRP Incentive Display Inaccuracy

Blue Cross and Blue Shield of Kansas (BCBSKS) is committed to ensuring we provide accurate information and have still temporarily removed the QBRP scorecard available within the provider secure section (BlueAccess) of Availity.

BCBSKS noticed an error while displaying the QBRP scorecard in BlueAccess. There are inconsistencies between our reports and what the scorecard was reflecting. Please be assured the system used to

calculate QBRP incentives is correct, only the online scorecard is showing inconsistencies. Therefore, the scorecard has been momentarily removed until we resolve this issue.

We appreciate your patience as we continue to work to resolve this issue and if you have any questions related to this reminder, please contact your professional provider representative.



COVID-19 Public Health Emergency ending; benefit modifications also ending

Blue Cross and Blue Shield of Kansas (BCBSKS) has worked with providers and members to ease some of the financial stress and burdens that arose during the COVID-19 pandemic. With the end of the Public Health Emergency, we want to remind you that effective **May 11, 2023**, BCBSKS will return to normal benefits which will include members being responsible for cost share (co-pays, deductibles).

Effective May 11, 2023:

- **COVID-19 testing and related services –**
Members will be responsible for their cost share, based on the member’s contract. BCBSKS will no longer be covering the full cost of testing. Please note: over the counter COVID-19 testing is not covered under member’s benefits.
- **COVID-19 Vaccine, administration, and related E&M (99211, 99202) codes –**
Members will be responsible for their cost share, based on their member contract. BCBSKS will no longer be covering the full cost of vaccine, administration of vaccine, and related E&M (99211, 99202) codes.

- **COVID-19 antibody infusion therapy treatment and administration –**
Members will be responsible for their cost share, based on their member contract. BCBSKS will no longer be covering the full cost of antibody infusion therapy treatment and administration.
- **COVID-19 treatment –**
private room differential will return to normal private room benefits and coverage.
- **Prime –**
 - Over the counter COVID-19 tests will no longer be covered.
 - Reimbursement of vaccine administration will return to pre-covid rates.
 - Dispensing fees will return to pre-covid amounts for the anti-viral drug Paxlovid.

If your patients have questions related to their COVID-19 coverage, they can visit our website.

If you have additional questions regarding the latest news article, please contact your BCBSKS provider representative.

The Professional Provider Report is published by the Professional Relations department of Blue Cross and Blue Shield of Kansas.

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