



**BlueCross
BlueShield
of Kansas**

1133 SW Topeka Boulevard
Topeka, Kansas 66629-0001

Web site: www.bcbsks.com

In Topeka – (785) 291-7000
In Kansas – (800) 432-0216

July 2007

CAP

Competitive Allowance Program 2008 DENTAL CONTRACT

Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS) serves 358,634 Kansans with dental coverage, as of May 31, 2007. We appreciate your continued participation in serving our members as a contracting provider in the Competitive Allowance Program (CAP), and invite you to maintain your contracting status for 2008. Since your contract is perpetual, no action is necessary on your part for renewal.

As a contracting provider, you continue to receive excellent business services which bridge the gap between the delivery of health care services and the financing of prepaid health care benefits for your patients. Business services provided by BCBSKS creating the most significant value to you as a contracting provider include:

- Local member contracts structured to allow 100 percent of the maximum allowable payment (MAP) for participating CAP providers (subject to deductible and coinsurance).
- Direct payment from BCBSKS, which minimizes your collection efforts and increases cash flow.
- Web site (www.bcbsks.com) available at your convenience, which improves your office efficiencies and maximizes your employee resources.
 - Secured services to include detailed claims payment information, member eligibility, remittance advice, and provider enrollment information.
 - Other services including training modules, newsletters, manuals, policy memos, and medical policies/guidelines.

- Detailed claims payment information provided to both you and the member explaining their financial responsibilities. Contracting providers' names made available to BCBSKS members through a number of sources, including the Internet, employer groups, and other contracting providers for referral purposes, which increases the potential for new patients.
- A dedicated field staff available to visit your office to address any operational issues.
- Periodic workshops held by professional relations staff, which deliver continuous training for new and experienced medical assistant staff to help update them on new administrative procedures to ensure timely claims payments.
- Providers and their staffs having access to professional relations hotline personnel to answer policy questions or obtain assistance with claim coding questions.

NOTE: Non-contracting providers receive 80 percent of the MAP (subject to deductible, coinsurance, and non-network reductions). In addition, they do not receive direct payment, nor is assignment of benefits allowed.

Your continued contracting status is important to our members and many of your patients. If for any reason you feel unable to continue your contract, please phone me (Fred Boston, 785-291-8831) to discuss. Then, if you still feel you cannot accept this contract offering and choose to terminate your provider contract, you must send signed correspondence postmarked no later than midnight, **September 4, 2007**, to Fred Boston, Director of Professional Relations, cc480E1, 1133 SW Topeka Blvd., Topeka, KS 66629.

Reimbursement Changes

On June 28, 2007, the BCBSKS Board of Directors met and approved increases to most of the dental MAPs for the year 2008. Charge comparisons reflecting reimbursement changes are available by contacting your professional relations representative or the hotline. They can also help you with any questions you may have regarding information contained in this letter.

Contact Information

Professional Relations Staff	Location	Phone Number	
Fred Boston, Director	Topeka	1-800-432-0216 ext. 8831	(785) 291-8831
Rusty Doty, Manager	Topeka	1-800-432-0216 ext. 8206	(785) 291-8206
Sue Dunaway	Topeka	1-800-432-0216 ext. 8207	(785) 291-8207
Diana Evans	Topeka	1-800-432-0216 ext. 8716	(785) 291-8716
Cheri Iarossi	Topeka	1-800-432-0216 ext. 8651	(785) 291-8651
Professional Relations Hotline	Topeka	1-800-432-3587, option 1	(785) 291-4135, option 1
Debra Meisenheimer	Hutchinson	(620) 663-1313	
Velda Fresquez-Gray	Wichita	1-800-432-0216 ext. 1674	(316) 269-1674
Denny Hartman	Wichita	1-800-432-0216 ext. 1674	(316) 269-1674
Gwen Nelson	Dodge City	(620) 225-0884	

Policy Memo Changes

Following is a summary of the changes to the Blue Shield Dental Policy Memo for 2008. The policy memo in its entirety will be available on the Internet at www.bcbsks.com in December 2007.

Dental Policy Memo

Section II. Denied Claims Appeals Procedure

A note was added to clarify that content of service issues described in the Dental Policy Memo are contractual obligations and are not considered eligible for claims appeals.

NOTE: Medical policies including Content of Service (COS) described in BCBSKS Dental Policy Memo or provider's obligations specified in their provider contracts are not considered eligible claims appeals as outlined in Section II. DENIED CLAIMS APPEALS PROCEDURE. Annually, BCBSKS outlines any changes to the policy memo and forwards them to providers for their review. Once providers accept these changes, they are part of the provider's contract and therefore not considered for claims appeals. Providers disagreeing with any policies should submit their position and supportive documentation to BCBSKS staff for future consideration.

Section III. Post-Payment Audit Appeals

Language was added clarifying the time frame for audited claims and refunds.

III. POST-PAYMENT AUDIT APPEALS

BCBSKS conducts periodic post-payment audits of patient records to substantiate the medical necessity of services billed on the provider claim. The BCBSKS audit time frame will be no greater than 15 months following the date of claims adjudication. Due to additional time allowed for provider appeals, as outlined in this policy memo, refunds would be applicable after the provider appeals have been exhausted, regardless of the time frame involved. BCBSKS provides education through policy memos, medical policy, newsletters, workshops, direct correspondence, and on-site visits.

If medical necessity is not documented, BCBSKS will request refunds.

Section X. Documentation

Language was added outlining the flexibility to grant additional time, on a case-by-case basis, for providers to submit medical records.

X. DOCUMENTATION

Appropriate documentation of services is an integral part of the payment and/or review process. The contracting provider agrees to keep sufficient records to support claims for reimbursement, documents the medical need for the service, and agrees to make available all information necessary to carry out the terms of his/her contracting provider agreement at no charge. Information, when requested, should be submitted to BCBSKS within 30 days of the request. Time extensions may be granted on a case-by-case basis; however, any extension must be approved by BCBSKS and will allow BCBSKS additional time for review activities. Certain unusual circumstances require the immediate submission of medical records. In these cases, BCBSKS will have a representative visit the office and secure requested records. The provider agrees to provide these records at the time of request. The member's contract gives us the ability to obtain this information without a signed patient release. If there is insufficient information to determine medical necessity, claims will ultimately be a provider write-off or refund. Failure to send the requested documentation within the time frame will also result in claim denials for lack of medical necessity.

Section XIV. Refund Policy

This section was modified to indicate that duplicate claims, including other party liability claims are not subject to the 15-month time frame limit for requesting refunds.

XIV. REFUND POLICY

BCBSKS must request refunds from providers within 15 months from the date of adjudication. Failure to do so will result in the provider being held harmless. Refund requests for fraudulent claim payments and duplicate claim payments, including other party liability claims, are not subject to the 15-month limitation.

Refunds as a result of an audit are due within 30 days from the date the audit is presented before exercising the right of offset.

Section XXIV. Charge Comparison Reports

Language was modified indicating that charge comparisons will be available on an annual basis, when requested by the provider.

XXIV. CHARGE COMPARISON REPORTS

The provider may request one annual charge comparison report for procedures billed to BCBSKS on behalf of our members. Information included in the annual charge comparison will include services billed and allowed from January 1 to May 31 each year.