



Annual Dental CAP Report

2024 Contracting



BlueCross BlueShield
Kansas

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Introduction

Blue Cross and Blue Shield of Kansas (BCBSKS) is the insurer Kansans trust with their health. Much of that status can be attributed to the high-quality care delivered by our network providers. This document outlines the details related to our 2024 Competitive Allowance Program (CAP) offer and includes the specifics of our Quality-Based Reimbursement Program (QBRP), which has been designed to reward your efforts toward maintaining high-quality standards.

BCBSKS continues to offer contracting providers top-notch services, including professional relations representatives and provider network services. After almost two years of hybrid service with providers, our field staff have resumed in person visits, trainings, and workshops. We are also available to conduct these activities virtually based on the provider's preference. We want to thank you for your versatility in working with our professional relations team to meet your needs. We also want to extend our appreciation to you and your staff for caring for our members in these unprecedented times.

Lastly, many new national and local laws, including but not limited to the Consolidated Appropriations Act (CAA), took effect in 2022 and have caused significant changes for both BCBSKS and providers. We try to the extent possible to limit any burden to providers as we comply with these new requirements. We appreciate your understanding and cooperation as we both fulfill our responsibilities under law.

If you need clarification or additional information related to any information included herein, contact your professional relations representative or provider network services.



Introduction

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Provider Network Services	Topeka	(800) 432-3587 option 1 or 3	(785) 291-4135 option 1 or 3	prof.relations@bcbsks.com



By the numbers

Blue Cross and Blue Shield of Kansas provides the best service in the industry and strives to be the health insurance company of choice for our members and providers.

#1

BCBSKS is top-ranked for Member Satisfaction.

11.31%

BCBSKS spent 11.31 percent of annual premium income on administrative expenses for the year of 2022.

259,070

BCBSKS and its subsidiaries serve 259,070 members with dental coverage as of June 30, 2023

91%

BCBSKS contracts with 91 percent of all dentists in the Plan area for CAP and about 46 percent for the Dental PPO.

100%

BCBSKS is 100 percent URAC accredited in health plan, case management, and disease management.

2024 Reimbursement and Policy Memo changes

On June 23, 2023 the BCBSKS Board of Directors met and approved policy memo changes and the CAP dental MAPs that will be applicable for 2024. **Highlights of policy memo changes are noted in red.**

Reimbursement for 2024 is aligned to continue RVU-based pricing and promote the incentives available through the Quality-Based Reimbursement Program (QBRP), see pages 5-8. The 2024 reimbursement changes include increasing allowances for lower-valued codes and maintaining allowances for high-valued codes.

Additional increases can be achieved through QBRP. BCBSKS continues to be sensitive to the challenges experienced in rural Kansas related to access to dental care and recruitment of dentists. As such, BCBSKS will continue to increase the base allowances 5 percent for services performed by dentists (CDT codes) in counties with a population of 13,000 or less (see page 9).

A charge comparison report reflecting reimbursement for 2024 is available by contacting your Professional Relations representative or our provider network services area. The charge comparison is based on services billed by you during January 2023 through May 2023. The charge comparison format provides the lesser of your charge or the CAP dental MAP for each procedure code you performed during the January through May time frame.



The value in contracting

BCBSKS provides business services that bridge the gap between the delivery and financing of health care. Services creating significant value for contracting providers include:

<p>Local member contracts structured to allow charges up to 100 percent of the MAP for participating CAP providers (subject to member benefits).</p>	<p>Opportunity to earn additional revenue through the Quality-Based Reimbursement Program (QBRP).</p>
<p>Detailed claim-payment information provided to both you and the member explaining their financial responsibilities.</p>	<p>Direct payment from BCBSKS, which minimizes your collection efforts and increases cash flow.</p>
<p>A dedicated field staff available to visit your office to address any operational issues.</p>	<p>Electronic remittance advice and payment capabilities.</p>
<p>Access to Provider Network Services personnel to answer policy questions or obtain assistance with claim coding questions.</p>	<p>Opportunity to participate on specialty liaison committees and provide direct input in the development of medical policies and emerging issues.</p>
<p>Opportunity to participate in the BCBSKS Dental PPO network and/or Medicare Advantage (as applicable).</p>	<p>Periodic workshops conducted by Professional Relations staff that delivers continuous training for new and experienced medical assistant staff, helping update your staff on new administrative procedures to ensure timely claim payments.</p>
<p>Website (bcbsks.com) and self-service access through Availity, which improves your office efficiencies and maximizes your employee resources.</p> <ul style="list-style-type: none"> • Secure services include detailed claims payment information, member eligibility, remittance advice, and provider enrollment information. • Other services include training modules, podcasts, newsletters, manuals, policy memos, and medical policies/guidelines. 	<p>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.</p>

NOTE — In 2024, for the majority of our business, non-contracting providers' services will be paid direct to the member at a charge up to 80 percent of the MAP (i.e. there is a 20-percent penalty for members receiving services from a non-contracting provider), subject to member benefits. In addition, assignment of benefits to non-contracting providers is not allowed. Also, non-contracting providers do not qualify for QBRP incentives.



2024 Dental Providers QBRP

The BCBSKS Quality-Based Reimbursement Program (QBRP) is designed to promote efficient administration, improved quality, and better patient care and outcomes. Contracting BCBSKS providers have an opportunity to earn additional revenue through add-ons to allowances for meeting the defined quality metrics. BCBSKS claims data is used to determine qualification for any applicable metric requiring data.

The 2024 QBRP program is effective for services performed January 1, 2024 through December 31, 2024. Since the 2024 CAP letter is sent out in July 2023, providers have several months to prepare to meet the various QBRP metrics and qualify for incentives effective January 1, 2024, in accordance with the metric review schedule (see page 7). Please read the requirements and metrics for the 2024 QBRP program so you are prepared to maximize the available incentives. Any subsequent pertinent information or clarification will be communicated accordingly.

Criteria for 2024

In accordance with the 2024 Dental Policy Memo, Section XXI. Reimbursement for Quality, this document describes the components of our QBRP effective January 1, 2024 through December 31, 2024. This program applies to all BCBSKS CAP, Dental PPO, and BlueCross BlueShield of Kansas Solutions, Inc. (a wholly owned subsidiary of BCBSKS) dental providers and services except for clinical lab (using codes on the Medicare clinical lab fee schedule) pharmacies, and pharmaceuticals. This program will offer an opportunity for eligible providers to earn increased reimbursement based on meeting the metrics in Groups 1 and 2 described on page 6. This reimbursement will be in addition to the respective base MAPs for CAP, Dental PPO, and Solutions for 2024.

Please note — Changes in CDT and CPT codes (added/deleted) will be effective prospectively. QBRP adjustments/corrections will be effective the first of the following month, unless otherwise specified.

An eligible provider may independently qualify for each metric, except when measured on a group basis. The QBRP metrics are multiplied individually by the applicable MAP, then totaled with the applicable MAP to determine the total reimbursement “QBRP MAP.” BCBSKS will allow the lesser of the provider’s charge or the “QBRP MAP.”

In order for incentive payments to begin January 1, 2024, BCBSKS will use information on file or available from outside sources to determine which incentives providers qualify for based on unique provider individual NPI numbers, billing NPI numbers or tax ID, whichever is applicable.

Please note — BCBSKS built enhancements to the provider information portal to include self-service QBRP information.

All metrics, with the exception of the Provider Information Portal, will be reviewed on a semi-annual basis and any incentives earned will be effective either January 1, 2024 or July 1, 2024 as applicable.



2024 Dental Providers QBRP

We will conduct a QBRP refresh in the first and second quarters (depending on the metric) of 2024 for an effective date of July 1, 2024 to determine if providers are continuing to meet the performance standards for the metric(s) earned for the incentive payments effective January 1, 2024. If the refreshed data indicates a provider is no longer meeting the performance standards for the metric(s), then the associated QBRP incentive(s) will cease beginning July 1, 2024 for the remainder of the year. **Confirmation of QBRP measure can be obtained real time on the provider portal. The portal will reflect effective and termination dates of all applicable QBRP measures.**

QBRP PREREQUISITES AND GROUPS FOR PROVIDERS	
QBRP Participation Prerequisites	Providers must conduct business with BCBSKS electronically (i.e. turn off paper remittance advices (R/A)). Providers must submit all eligible claims electronically, accept electronic remittance advice documents (ERAs: either through receiving the ANSI 835 transaction or by downloading the RA from the BCBSKS website (and turn off printed RAs), and receive all communications (newsletters, etc.) electronically. Provider must be in good standing with BCBSKS to qualify for and receive QBRP. QBRP will cease if provider is no longer in good standing.
Group 1	Applies to all eligible contracting dental providers and to all eligible/covered CDT and CPT codes (excludes Clinical Lab, Pharmacy, and Pharmaceuticals).
Group 2	Applies to all eligible contracting dental providers and to all eligible/covered CDT codes (excludes Clinical Lab, Pharmacy, and Pharmaceuticals).

Metric	%	Group	Description	Qualifying Period
Electronic Self-Service (ES3, ES2)	2.0 (ES3) (96% or >) 1.0 (ES2) (86-95%)	1	Must use Availity portal or ANSI 270/271 & 276/277 transactions to electronically obtain BCBSKS patient eligibility, benefit, and claims status information. Electronic access must meet one of the percentages at left compared to the provider's total number of queries to BCBSKS, regardless of the mode of inquiry to receive the corresponding incentive. Providers billing under a single tax ID number will have their inquiries combined for determining the applicable percent.	Semi-annual
Electronic Provider Message Board (EPM)	1.0	1	Must sign agreement to supply needed information for claim processing review/completion. Time frame for return of the requested information must be within the agreement time frame (15 days) through the provider message board portal.	Semi-annual
Provider Information Portal (PRD)	3.0	2	Must verify and attest to provider information every 90 days according to the qualifying schedule below. Each individual provider's information within a group must be verified. Verification must be completed within the BCBSKS provider information portal.	Every 90 days



2024 Dental Providers QBRP

Qualifying for Electronic Self-Service Incentive (ES3, ES2)

The following is a list of incentive effective dates and the corresponding qualifying periods:

Qualifying Period	Incentive begins
August 1 - October 31, 2023	January 1, 2024
February 1 - April 30, 2024	July 1, 2024

Qualifying for Electronic Provider Message Board (EPM)

The following is a list of incentive effective dates and the corresponding qualifying periods:

Qualifying Period	Incentive
June 2023 - November 2023	January 1, 2024
December 2023 - May 2024	July 1, 2024
If the electronic provider message board (EPM) is used as outlined in the EPM agreement, one-time authorization allows for continuation of qualifying period without interruption.	

Qualifying for Provider Information Portal (PRD)

The following is a list of incentive effective dates and the corresponding qualifying periods.

Qualifying Period	Incentive
September 2023 - November 2023	January 1, 2024
December 2023 - February 2024	April 1, 2024
March 2024 - May 2024	July 1, 2024
June 2024 - August 2024	October 1, 2024



2024 Dental Providers QBRP

QBRP CHANGES FOR 2024		
Metric	Change	Reason
Electronic Provider Message Board (EPM)	Revised qualifying period	To align with most qualifying periods
Provider Information Portal (PRD)	Revised incentive/metric	To improve engagement and results



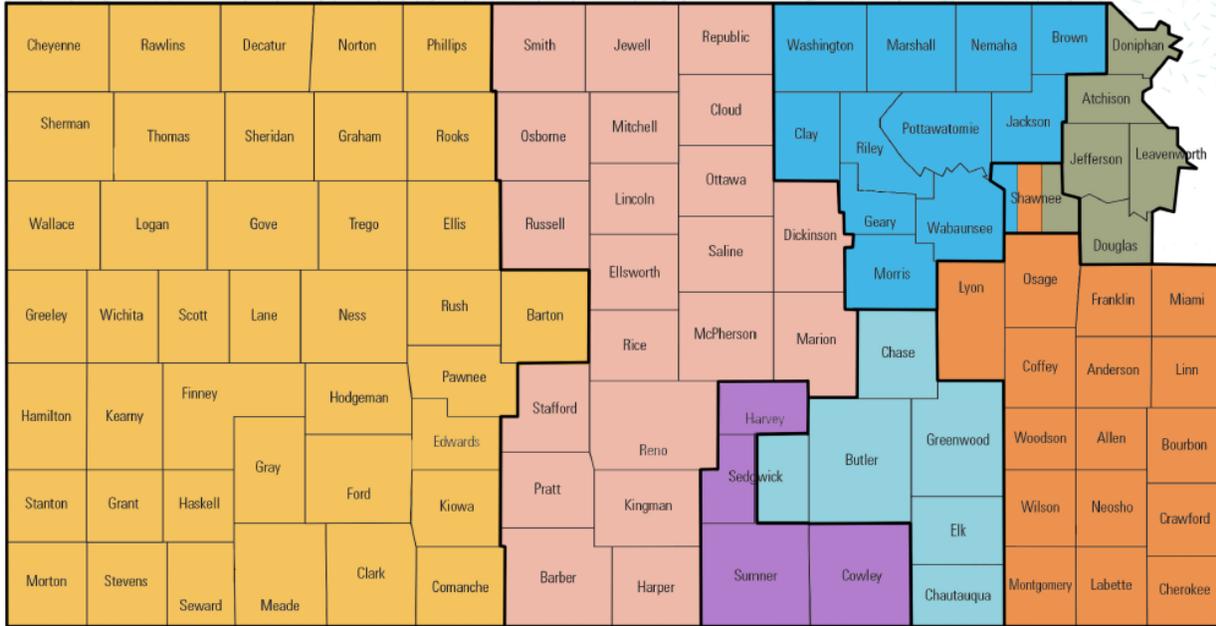
Rural Access Counties

The following is a list of counties with a population of 13,000 or less that qualify for a Rural Access incentive. The 5 percent rural access payment is separate and distinct from QBRP. However, the same QBRP procedure code exclusions apply to the rural access incentive. (Source: U.S. County 2022 Estimated Census)

County	Population
Allen	12,579
Anderson	7,776
Barber	4,122
Brown	9,364
Chase	2,548
Chautauqua	3,415
Cheyenne	2,583
Clark	1,933
Clay	8,043
Cloud	8,946
Coffey	8,280
Comanche	1,681
Decatur	2,689
Doniphan	7,440
Edwards	2,739
Elk	2,441
Ellsworth	6,355
Gove	2,717
Graham	2,411
Grant	7,197
Gray	5,729
Greeley	1,223
Greenwood	5,939
Hamilton	2,430
Harper	5,323
Haskell	3,576
Hodgeman	1,755
Jewell	2,898
Kearny	3,855
Kingman	7,193
Kiowa	2,404
Lane	1,556
Lincoln	2,899
Linn	9,796
Logan	2,705

County	Population
Marion	11,868
Marshall	9,982
Meade	3,897
Mitchell	5,738
Morris	5,349
Morton	2,599
Nemaha	10,115
Ness	2,645
Norton	5,301
Osborne	3,490
Ottawa	5,795
Pawnee	6,179
Phillips	4,809
Pratt	9,067
Rawlins	2,528
Republic	4,642
Rice	9,407
Rooks	4,813
Rush	2,927
Russell	6,639
Scott	5,014
Sheridan	2,425
Sherman	5,830
Smith	3,533
Stafford	3,993
Stanton	1,963
Stevens	5,175
Thomas	7,893
Trego	2,752
Wabaunsee	7,019
Wallace	1,488
Washington	5,501
Wichita	2,064
Wilson	8,622
Woodson	3,109

Professional Relations Field Representative Territorial Map



MD, DO, DPM, DC, DDS, PA, APRN, CRNA, LSCSW, PHD, OD, OOD, OSAF, CCC-SLP (speech), OTR, RPT

- Gwen Nelson - Topeka - Rep. Code C
- Jennifer Falk - Topeka - Rep. Code Z
- Darin Fieger - Topeka - Rep. Code D
- Jennie Fellers - Hays - Rep. Code R

Pharmacy and Infusion Therapy
Tiffany Liesmann, PharmD - Topeka - Rep. Code B

- Patrick Romm - Hutchinson - Rep. Code K
- Vickie Kloxin - Wichita - Rep. Code M
- Kyle Abbott - Wichita - Rep. Code P

CCC-A (AUD), Hearing Aid Dispenser (HAD), HME,
Orthotists, Private Duty Nurses, Prosthetists, Sleep
Labs (SLAB), AMB, ABA
Heather Schultz - Topeka - Rep. Code V

Medicare Advantage - All specialties
Patrick Artzer - Topeka



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