



Annual Dental CAP Report

2022 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 2022 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.

With hopes of 2022 returning to a normal year as the pandemic becomes increasingly under control throughout the world, we want to thank you for the courageous work you have done on the front lines battling this invisible but dangerous virus while continuing to deliver high quality care to our members in need.

BCBSKS continued to be responsive to both our members and providers needs and built on what was started in 2020 including paying for telehealth services on par with comparable in person visits, waiving member cost share, increased dental reimbursement to help cover increased costs for personal protective equipment, offered interest free advanced payments, assisted members with delayed premium payments, and reduced or eliminated administrative burdens to simplify access to care. Through all of this, you stood with us. We value the partnership we have with you and look forward to continuing our journey through the remainder of 2021 and 2022.

BCBSKS continues to offer contracting providers top-notch services, including professional provider representatives and provider network services.

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

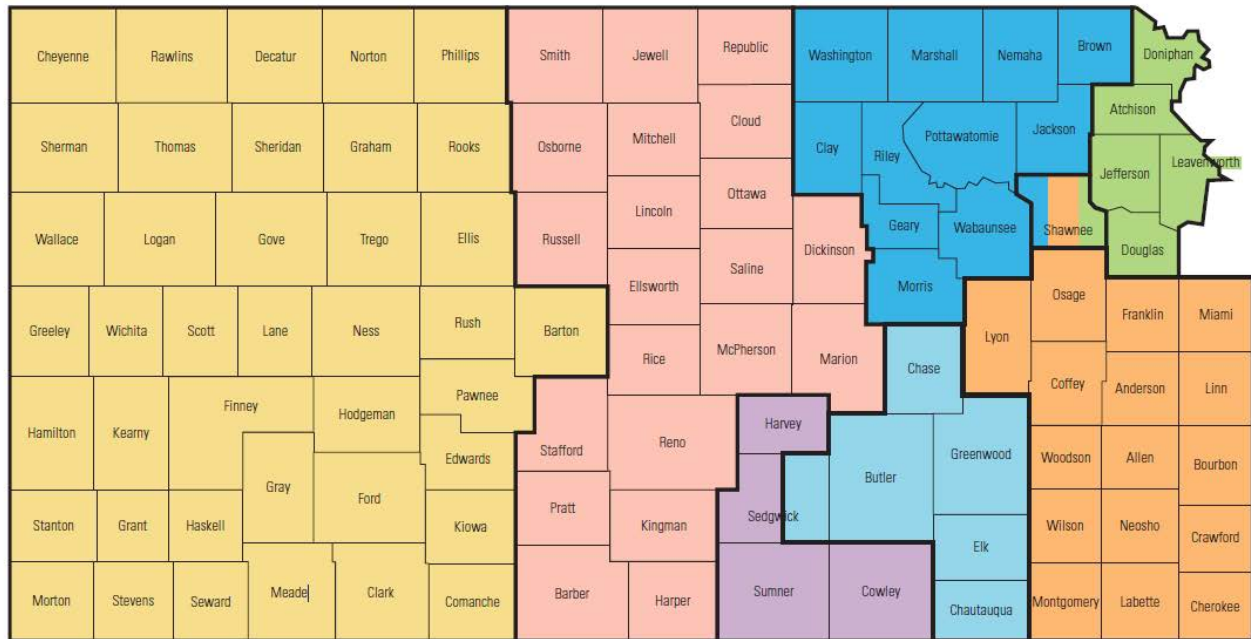
PR Staff	Location	Toll-Free Phone #	Local Phone #	Email
Doug Scott, Director	Topeka	(800) 432-0216 ext. 8831	(785) 291-8831	doug.scott@bcbsks.com
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Gwen Nelson	Topeka	(800) 432-0216 ext. 8716	(785) 291-8716	gwen.nelson@bcbsks.com
Darin Fieger	Topeka	(800) 432-0216 ext. 8207	(785) 291-8207	darin.fieger@bcbsks.com
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Jennifer Falk	Topeka	(800) 432-0216 ext. 7724	(785) 291-7724	jennifer.falk@bcbsks.com



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Kyle Abbott	Wichita	(800) 432-0216 ext. 1674	(316) 269-1674	kyle.abbott@bcbsks.com
Vickie Kloxin	Wichita	(800) 432-0216 ext. 1674	(316) 269-1674	vickie.kloxin@bcbsks.com
Christy Richards	Hutchinson	(800) 432-0216 ext. 4273	(620) 663-1313	christy.richards@bcbsks.com
Jennie Fellers-Morgan	Hays	(800) 432-0216 ext. 4223	(785) 261-9969	jennie.fellers-morgan@bcbsks.com
Provider Network Services	Topeka	(800) 432-3587 option 1 or 3	(785) 291-4135 option 1 or 3	prof.relations@bcbsks.com



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
- Vickie Kloxin – Wichita – Rep. Code M
- Kyle Abbott – Wichita – Rep. Code P
- Jennie Fellers-Morgan – Dodge City – Rep. Code R
- Christy Richards – Hutchinson – Rep. Code K
- Christie Mugler – Topeka – Rep. Code Z
- Darin Fieger – Topeka – Rep. Code D

Pharmacy and Infusion Therapy
Ken Mishler, PharmD, MBA – Topeka – Rep. Code B

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



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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.

11.35%

BCBSKS spent 11.35 percent of annual premium income on administrative expenses for the year of 2020.

268,973

BCBSKS and its subsidiaries serve 268,973 members with dental coverage as of June 30, 2021

91%

BCBSKS contracts with 91 percent of all dentists in the Plan area for CAP and about 66 percent for the Dental PPO.

100%

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

2022 Reimbursement and Policy Memo changes

On June 25, 2021, the BCBSKS Board of Directors met and approved policy memo changes and the CAP dental MAPs that will be applicable for 2022. **Highlights of policy memo changes are noted in red.**

Reimbursement for 2022 is aligned to continue RVU-based pricing and promote the incentives available through the Quality-Based Reimbursement Program (QBRP) (see pages 5-8). 2022 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 2021 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 2021 through May 2021. 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 2022, 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.



2022 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. 2022 will begin the tenth year for QBRP incentives.

The 2022 QBRP program is effective for services performed January 1, 2022 through December 31, 2022. Since the 2022 CAP letter is sent out in July 2021, providers have several months to prepare to meet the various QBRP metrics and qualify for incentives effective January 1, 2022, in accordance with the metric review schedule (see page 7). Please read the requirements and metrics for the 2022 QBRP program so you are prepared to maximize the available incentives. Any subsequent pertinent information or clarification will be communicated accordingly.

Criteria for 2022

In accordance with the 2022 Dental Policy Memo, Section XXI. Reimbursement for Quality, this document describes the components of our QBRP effective January 1, 2022 through December 31, 2022. 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 2021.

Please note — Changes in CDT and CPT codes (added/deleted) will be effective prospectively, including QBRP.

The quality-based incentives will be earned at the individual provider level 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, 2022, 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. Confirmation notices with the qualifying incentive category, amount, and effective date will be generated for each individual provider and sent by email to the address on file. Email delivery of the confirmation notices for 2022 QBRP incentives effective January 1, 2022 will be sent mid-December 2021.

Please note — BCBSKS built enhancements to the provider information portal to include self-service QBRP information. We have seen an uptick in the number of providers who are viewing their QBRP results through the portal. At some point, the portal may replace the email confirmation process. More information and instructions will be communicated if any changes are made to the notification process.

All metrics, with the exception of the Provider Information Portal and Provider Message Board (will be monthly, effective the 1st of the month when signed up by the 15th of the preceding month) will be reviewed



2022 Dental Providers QBRP

on a semi-annual basis and any incentives earned will be effective either January 1, 2022 or July 1, 2022 as applicable. We will continue monthly reviews for 2022 to identify providers who did not qualify for incentive(s) beginning January 1, 2022 because of not meeting prerequisites, or new providers/groups after January 1, 2022, but may subsequently qualify for incentive(s). Qualifying will be based on the most current data/reports available and in accordance to the schedule(s) listed in this document. If/when one of these two situations occur, the incentive(s) will be effective the first of the following month. A confirmation notice will be emailed to the provider to include the new incentive category and effective date. Any corrections will be effective the first of the following month unless otherwise specified.

We will conduct a QBRP refresh in the first and second quarters (depending on the metric) of 2022 for an effective date of July 1, 2022 to determine if providers are continuing to meet the performance standards for the metric(s) earned for the incentive payments effective January 1, 2022. 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, 2022 for the remainder of the year. If a provider no longer meets the performance standards for the metric(s), a new communication advising of the change in QBRP incentive(s) qualifications will be sent.

QBRP PREREQUISITES AND GROUPS FOR PROVIDERS	
QBRP Participation Prerequisites	Providers must conduct business with BCBSKS electronically (i.e. turn off paper). 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) (prior to EPM implementation Jan. 1 - April 30, 2022)	3.0 (ES3) (96% or >) 1.5 (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 Self-Service (ES3, ES2) (after EPM implementation May 1 - Dec. 31, 2022)	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



2022 Dental Providers QBRP

Metric	%	Group	Description	Qualifying Period
Electronic Provider Message Board (EPM) - (Implementation May 1, 2022)	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.	Monthly - Registration beginning April 1, 2022
Provider Information Portal (PRT)	2.0	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

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, 2021	January 1, 2022
February 1 - April 30, 2022	July 1, 2022

Qualifying for Electronic Provider Message Board (EPM)

The onboarding process for this QBRP will be available April 1, 2022 through Availity.

Qualifying Period	Incentive
1st - 15th of any given month	1st of the following month
16th - 31st of any given month	1st of 2 month after receipt
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. The attestation date qualifying the provider for January 1, 2022 incentive will also serve as the start date for the new rolling 90 day attestation contractual requirement.

Qualifying Period	Incentive
September 2021 - November 2021	January 1, 2022
December 2021 - February 2022	April 1, 2022
March 2022 - May 2022	July 1, 2022
June 2022 - August 2022	October 1, 2022



2022 Dental Providers QBRP

QBRP CHANGES FOR 2022		
Metric	Change	Reason
Electronic Self Service (ES3, ES2)	Decreased incentives from ES3- 3.0 to 2.0 and ES2 -1.5 to 1.0 effective May 1, 2022 (previous incentives apply until May 1, 2022 date)	To expand allocation of incentives to new QBRP measures
Provider Information Portal (PRD)	Qualifying period updated from Semi-annual to every 90 days	Mandates around attestation of provider data
Electronic Provider Message Board (EPM)	Added QBRP Measure	To promote additional provider self service tool



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.
(Source: U.S. County 2020 Estimated Census)

County	Population
Allen	12,399
Anderson	7,949
Barber	4,358
Brown	9,482
Chase	2,586
Chautauqua	3,230
Cheyenne	2,600
Clark	1,963
Clay	8,025
Cloud	8,642
Coffey	8,158
Comanche	1,690
Decatur	2,776
Doniphan	7,496
Edwards	2,750
Elk	2,507
Ellsworth	6,034
Gove	2,621
Graham	2,389
Grant	7,077
Gray	5,954
Greeley	1,196
Greenwood	5,868
Hamilton	2,425
Harper	5,336
Haskell	3,923
Hodgeman	1,779
Jewell	2,833
Kearny	3,745
Kingman	6,974
Kiowa	2,456
Lane	1,518
Lincoln	2,986
Linn	9,654
Logan	2,732

County	Population
Marion	11,652
Marshall	9,652
Meade	4,029
Mitchell	5,876
Morris	5,559
Morton	2,538
Nemaha	10,121
Ness	2,768
Norton	5,328
Osborne	3,439
Ottawa	5,712
Pawnee	6,366
Phillips	5,181
Pratt	9,127
Rawlins	2,511
Republic	4,536
Rice	9,362
Rooks	4,827
Rush	2,947
Russell	6,804
Scott	4,790
Sheridan	2,520
Sherman	5,777
Smith	3,544
Stafford	4,046
Stanton	1,969
Stevens	5,388
Thomas	7,702
Trego	2,758
Wabaunsee	6,906
Wallace	1,536
Washington	5,427
Wichita	2,074
Wilson	8,362
Woodson	3,015



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