2025 Behavioral Health Workshop

BlueCross BlueShield Kansas

What Your Rep Can Do For You

- Insurance billing education
- CAP mailing
- Policy memos
- Medical policies
- Documentation
- Coding
- Office Visits

Availity Essentials/Blue Access - BCBSKS

- Eligibility and Benefits
- Claim Status
- Search Patient by Name / Digital ID Card
- Update / Maintain Provider Information: 90 Day Attestation
- BAA Updates / Changes
- View / Print Remits
- QBRP Earned Report
- Resources

Quality Based Reimbursement Program (QBRP)

- Allows the provider the opportunity for increased revenue
- Prerequisites (claims, newsletters)
- Qualifying periods for each measure – quarterly/semi-annual
- Metrics are categorized into three groups – A, B and C. (group A applies to all eligible CAP providers)
- Achievement of a metric can be measured at different intervals, depending upon the metric
- Refer to CAP annual report for defined time frames
- Incentives will be earned at the individual level unless otherwise specified

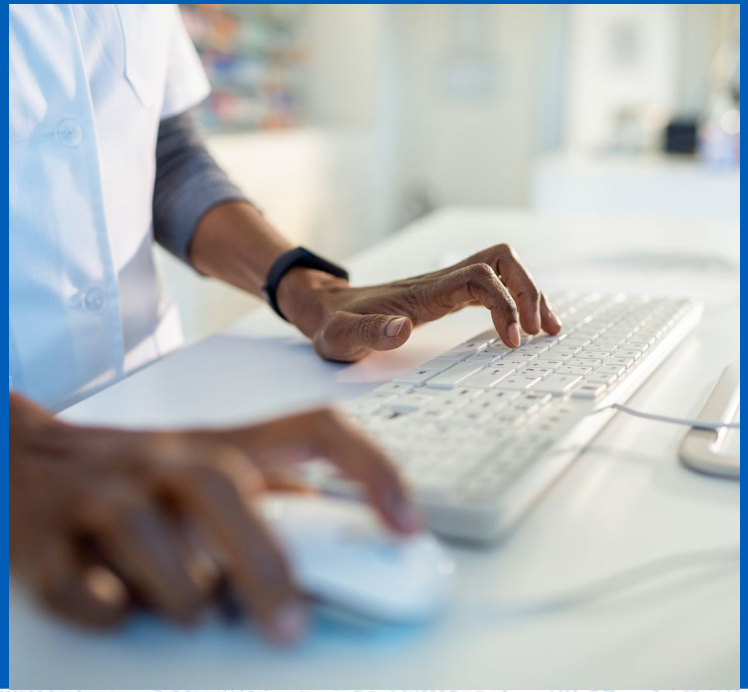
Electronic Self Service (ES3)

- This determination is driven by inquiries that are related to eligibility/benefits and claim status by using Availity Essentials compared to calling in to customer service. Other categories of inquiries (such as, claim dispute, retrospective review, etc.) are not included in the calculation.
- 2.0% QBRP incentive (greater than or equal to 96 percent of utilizing Availity Essentials).
- Providers billing under a single tax ID number will have their inquiries combined for determining the applicable percent.

Provider Information Portal (PRT)

- 90-day attestation requirement
- Provider's must validate their information at least every 90 days through the BCBSKS provider portal, failure to do so results in suppression from the directory and loss of incentive
- 2.5% QBRP incentive
- Separate from Availity Essentials portal
- Group and individual provider attestation

Electronic Provider Message Board (EPM)



- Upload records as requested
- Replaces BCBSKS letters requesting additional information
- 1% QBRP incentive
- Located in Blue Access
- Response required within 15 days of request
- Email notifications are sent every Monday

ICD-10 SDoH codes

- SDoH – Social Determinants of Health
- Supplemental diagnosis codes used to identify SDoH, ‘history of’ procedures, or ‘acquired absence of’ codes used to support HEDIS
- The provider must have 30 or more qualifying encounters during the measurement year
- 0.75% QBRP incentive
- Calculated at the individual provider level

MiResource

- Online mental health provider directory
- MiResource will be discontinued after March 31, 2026. Providers who have qualified for MiResource as of Jan. 1, 2026 will receive this incentive through 2026. New providers will not qualify after March 31, 2026.
- Filtered by patient's specific needs/preference
- In-person or Telemed
- https://bcbsks.miresource.com

Certified Community Behavioral Health Clinic

- New measure for 2026
- Must provide signed documentation and certificate of approval from Kansas Department of Aging and Disability Services to be eligible

Qualifying for Certified Community Behavioral Health Clinic Incentive (CCBHC)

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

NOTE: A Certified Community Behavioral Health Clinic (CCBHC) is a specialized type of clinic focused on providing comprehensive mental health and substance use disorder services. These clinics are designed to improve access to care, regardless of diagnosis and insurance status. For more information, visit KDADS website

Qualifying Period	Incentive begins
June 2025 - Nov. 2025	Jan. 1, 2026
Dec. 2025 - May 2026	July 1, 2026

Policy Memo changes – PM 1

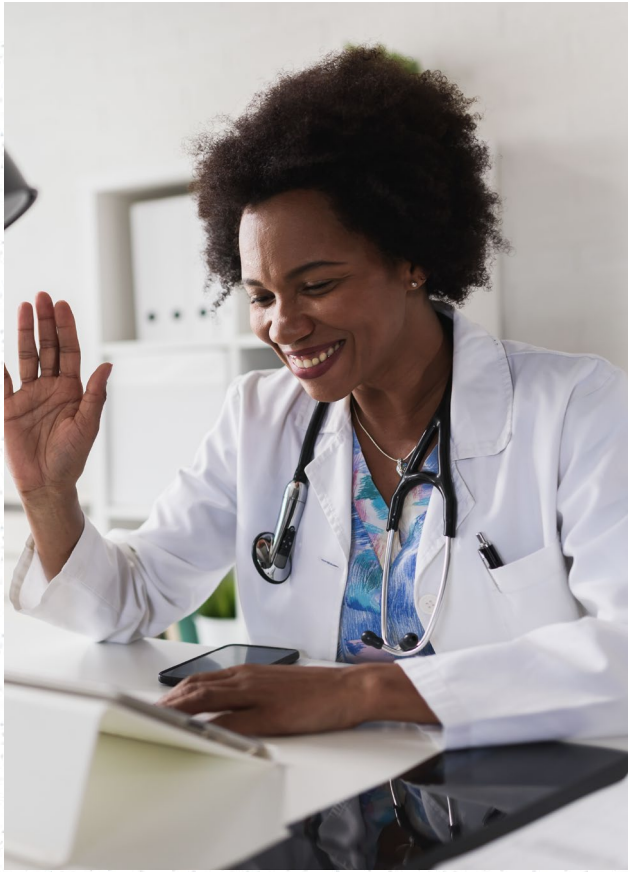
Policy Memo No. 1
SECTION II. Retrospective Claim Reviews/Corrected Claim

- **Page 5:** Updated verbiage for clarity regarding corrected claims.

  Corrected claims, regardless of reason for the correction, must be submitted within timely filing limits as a new claim with box 22 completed ~~to and received by BCBSKS Customer Service within 120 days from the date of the remittance advice and include the original claim number.~~ A corrected claim for services initially denied in whole or in part counts as the provider's retrospective review.

Telemedicine

- Patient requested not provider driven
- POS 02 or 10 (patient located at home)
- GT Modifier
- Provider must be licensed in the state the patient is located at time of service
- Telemedicine is service with visual or audio/visual – Does not include emails, faxes, or texts
- 2025 services parity



Uniform Charging

What constitutes a provider's usual charge?

- A discount to every patient without health insurance would be considered the "usual charge" and you must bill BCBSKS the same amount.

Concierge/club services are not to be offered to BCBSKS members.

Are discounts acceptable?

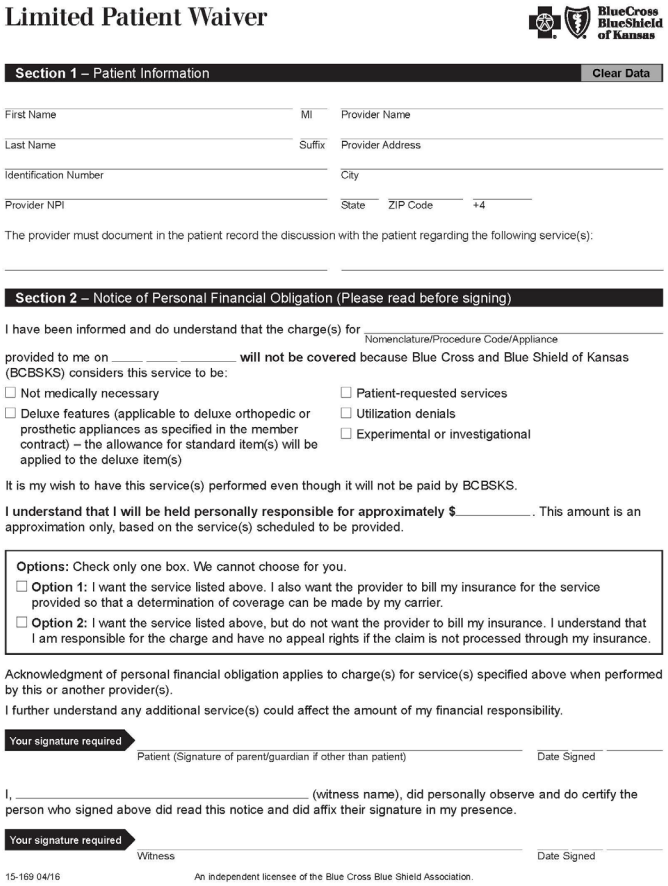
- Yes, if they are based upon an individual patient's situation.
- Community mental health centers and county health departments are allowed to use a sliding scale due to agency regulations.
- Only collect deductible, co-payment, co-insurance or non-covered services at the time of service.

Limited Patient Waiver

The waiver form must be:

1. Signed before receipt of service.
2. Patient, service and reason specific.
3. Date of service and dollar amount specific.
4. Retained in the patient's file at the provider's place of business.
5. Patient request on an individual bases. It may not be a blanket statement signed by all patients.
6. Acknowledged by patient that he or she could be personally responsible for the charge amount listed on the waiver.

Note: If the waiver is not signed before the service being rendered, the service is considered a contractual provider write-off, unless there are extenuating circumstances.



Limited Patient Waiver

BlueCross BlueShield of Kansas

Section 1 – Patient Information — Clear Data

First Name | MI | Provider Name

Last Name | Suffix | Provider Address

Identification Number | City

Provider NPI | State | ZIP Code | +4

The provider must document in the patient record the discussion with the patient regarding the following service(s):

Section 2 – Notice of Personal Financial Obligation (Please read before signing)

I have been informed and do understand that the charge(s) for _____
Nomenclature/Procedure Code/Appliance

provided to me on ____ ____ ____ **will not be covered** because Blue Cross and Blue Shield of Kansas (BCBSKS) considers this service to be:

- ☐ Not medically necessary
- ☐ Deluxe features (applicable to deluxe orthopedic or prosthetic appliances as specified in the member contract) – the allowance for standard item(s) will be applied to the deluxe item(s)
- ☐ Patient-requested services
- ☐ Utilization denials
- ☐ Experimental or investigational

It is my wish to have this service(s) performed even though it will not be paid by BCBSKS.

I understand that I will be held personally responsible for approximately $_____. This amount is an approximation only, based on the service(s) scheduled to be provided.

Options: Check only one box. We cannot choose for you.

- ☐ **Option 1:** I want the service listed above. I also want the provider to bill my insurance for the service provided so that a determination of coverage can be made by my carrier.
- ☐ **Option 2:** I want the service listed above, but do not want the provider to bill my insurance. I understand that I am responsible for the charge and have no appeal rights if the claim is not processed through my insurance.

Acknowledgment of personal financial obligation applies to charge(s) for service(s) specified above when performed by this or another provider(s).

I further understand any additional service(s) could affect the amount of my financial responsibility.

Your signature required _____ Date Signed
Patient (Signature of parent/guardian if other than patient)

I, _____ (witness name), did personally observe and do certify the person who signed above did read this notice and did affix their signature in my presence.

Your signature required _____ Date Signed
Witness

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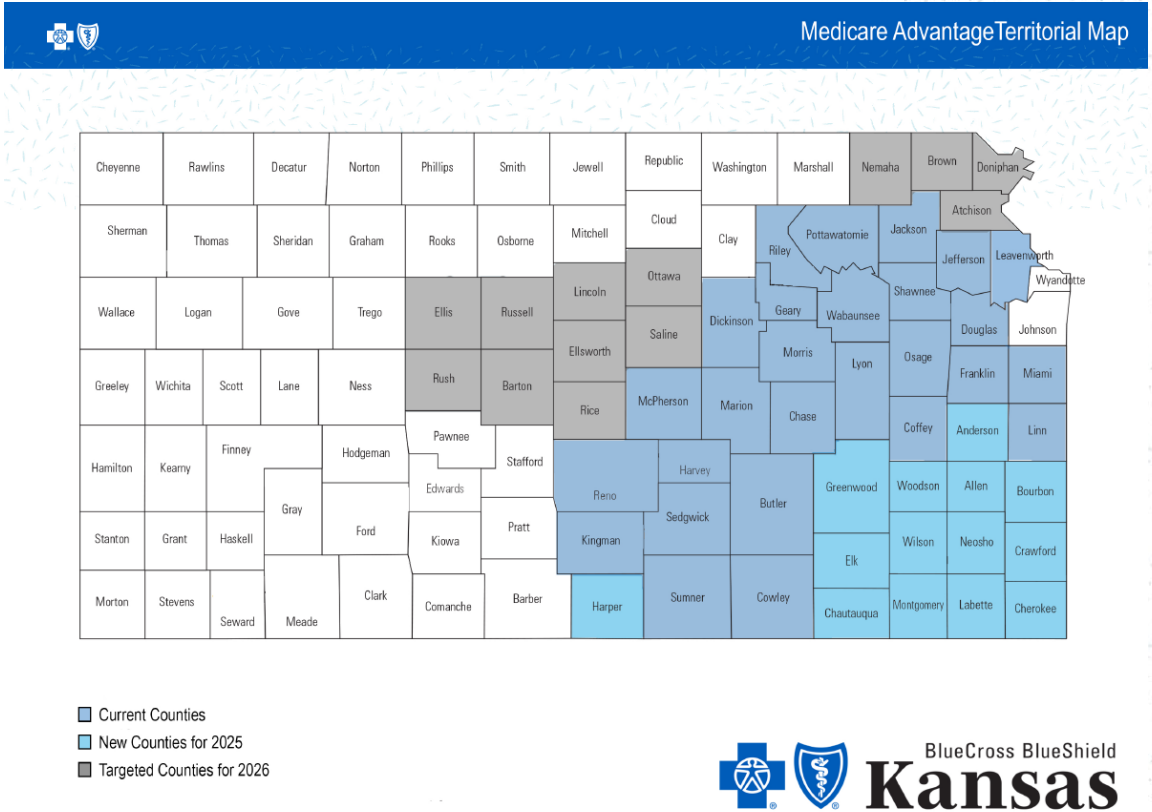
Medicare Advantage (MA)



BlueCross BlueShield Kansas

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TRICARE

- BCBSKS has partnered with TriWest to serve our military families utilizing our provider network.
- BCBSKS took over as the contractor on Jan. 1, 2025.
- If you are a current TRICARE provider, you will need to sign a new contract with BCBSKS to stay in the TriWest network if you haven't already done so.
- To request a Tricare contract, please reach out to your professional relations representative.
- For claims questions, call 1-888-TRIWEST.

Thank you for being a BCBSKS contracting provider!