

Provider Relations

Annual Dental CAP Report

2026 Contracting





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 2026 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 provider relations representatives and provider network enrollment. Our provider relations representatives conduct 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.

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

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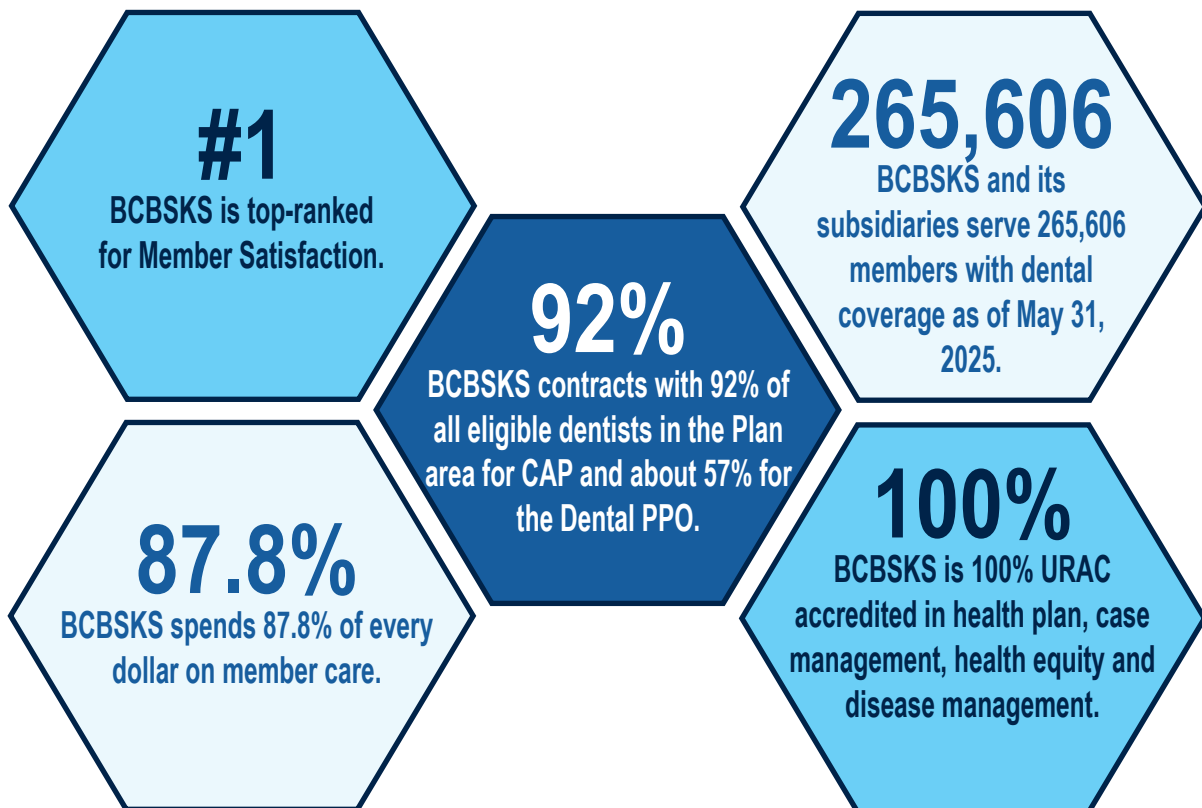
Introduction

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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.



2026 Reimbursement and Policy Memo changes

Highlights of policy memo changes are noted in red.

Reimbursement for 2026 is aligned to continue RVU-based pricing and promote the incentives available through the Quality-Based Reimbursement Program (QBRP), see pages 5-8. The 2026 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% for services performed by dentists (CDT codes) in counties with a population of 13,000 or less (see page 9).



The value in contracting

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

Local member contracts structured to allow charges up to 100% of the MAP for participating CAP providers (subject to member benefits).	Opportunity to earn additional revenue through the Quality-Based Reimbursement Program (QBRP).
Detailed claim-payment information provided to both you and the member explaining their financial responsibilities.	Direct payment from BCBSKS , which minimizes your collection efforts and increases cash flow.
A dedicated field staff available to visit your office to address any operational issues.	Electronic remittance advice and payment capabilities.
Access to Provider Network Services personnel to answer policy questions or obtain assistance with claim coding questions.	Opportunity to participate on specialty liaison committees and provide direct input in the development of medical policies and emerging issues.
Opportunity to participate in the BCBSKS Dental PPO network and/or Medicare Advantage (as applicable).	Periodic workshops conducted by Provider 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.
Website (bcbsks.com) and self-service access through Availity, which improves your office efficiencies and maximizes your employee resources. <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.	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.

NOTE — In 2026, for the majority of our business, non-contracting providers' services will be paid direct to the member at a charge up to 80% of the MAP (i.e. there is a 20% 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.



2026 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 2026 QBRP program is effective for services performed Jan. 1, 2026 through Dec. 31, 2026. Since the 2026 CAP letter is sent out **Aug. 1, 2025**, providers have several months to prepare to meet the various QBRP metrics and qualify for incentives effective Jan. 1, 2026, in accordance with the metric review schedule (see page 7). Please read the requirements and metrics for the 2026 QBRP program so you are prepared to maximize the available incentives. Any subsequent pertinent information or clarification will be communicated accordingly.

Criteria for 2026

In accordance with the 2026 Policy Memo **1**, Section XXIX. Reimbursement for Quality, this document describes the components of our QBRP effective Jan. 1, 2026 through Dec. 31, 2026. 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, pharmaceuticals **and as determined by BCBSKS**. 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 2026.

Please note — Changes in CDT and CPT¹ 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 Jan. 1, 2026, 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 Jan. 1, 2026 or July 1, 2026 as applicable.

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2026 Dental Providers QBRP

We will conduct a QBRP refresh in the first and second quarters (depending on the metric) of 2026 for an effective date of July 1, 2026 to determine if providers are continuing to meet the performance standards for the metric(s) earned for the incentive payments effective Jan.1, 2026. 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, 2026 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 secured website (and turn off printed RAs). 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, Pharmaceuticals, and as determined by BCBSKS).
Group 2	Applies to all eligible contracting dental providers and to all eligible/covered CDT codes (excludes Clinical Lab, Pharmacy, Pharmaceuticals and as determined by BCBSKS).

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. Providers who do not attest every 90 days will be suppressed from the provider directory.	Every 90 days



2026 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
Aug. 1 - Oct. 31, 2025	Jan. 1, 2026
Feb. 1 - April 30, 2026	July 1, 2026

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 2025 - November 2025	Jan. 1, 2026
Dec. 2025 - May 2026	July 1, 2026
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
Sept. 2025 - Nov. 2025	Jan. 1, 2026
Dec. 2025 - Feb. 2026	April 1, 2026
March 2026 - May 2026	July 1, 2026
June 2026 - Aug. 2026	Oct. 1, 2026



2026 Dental Providers QBRP

QBRP CHANGES FOR 2026		
Metric	Change	Reason
	No changes	

Rural Access Counties

The following (page 9) is a list of counties with a population of 13,000 or less that qualify for a Rural Access incentive. The 5% 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 2024 Estimated Census)

Please note — Changes will be effective the first of the following month, unless otherwise specified.



Rural Access Counties

County	Population
Allen	12,425
Anderson	7,908
Barber	4,070
Brown	9,142
Chase	2,507
Chautauqua	3,339
Cheyenne	2,646
Clark	1,873
Clay	7,969
Cloud	8,723
Coffey	8,301
Comanche	1,694
Decatur	2,716
Doniphan	7,575
Edwards	2,731
Elk	2,436
Ellsworth	6,316
Gove	2,658
Graham	2,370
Grant	7,097
Gray	5,730
Greeley	1,152
Greenwood	5,871
Hamilton	2,488
Harper	5,413
Haskell	3,591
Hodgeman	1,673
Jewell	2,899
Kearny	3,808
Kingman	6,946
Kiowa	2,436
Lane	1,482
Lincoln	2,928
Linn	9,841
Logan	2,694

County	Population
Marion	11,670
Marshall	9,950
Meade	3,892
Mitchell	5,803
Morris	5,297
Morton	2,485
Nemaha	10,062
Ness	2,617
Norton	5,335
Osborne	3,353
Ottawa	5,853
Pawnee	6,012
Phillips	4,733
Pratt	9,137
Rawlins	2,432
Republic	4,613
Rice	9,284
Rooks	4,748
Rush	2,810
Russell	6,620
Scott	4,914
Sheridan	2,397
Sherman	5,796
Smith	3,541
Stafford	3,901
Stanton	2,071
Stevens	5,035
Thomas	7,802
Trego	2,774
Wabaunsee	7,112
Wallace	1,472
Washington	5,572
Wichita	2,072
Wilson	8,398
Woodson	3,111

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