

2022 Behavioral Health Workshop



What can your Rep do for you

- Insurance billing education
- CAP mailing
- Policy Memos
- Medical Policies
- Documentation
- Coding
- Office Visits



Availity

- Registration (www.Availity.com)
- Password Issues
- TIN / NPI Changes
- Name / Address Changes
- Questions Regarding other Payers
- 1-800-Availity

Availity/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

Electronic Funds Transfer (EFT)

- Quicker Payment
- Less Paperwork
- Located on Availity, BCBSKS Provider Secure Section (Blue Access), Forms, Electronic Fund Transfer (EFT)
- BCBSKS is urging providers to set up
- Upon enrollment with BCBSKS network providers will be required to sign up for EFT payment.



Quality Based Reimbursement Program

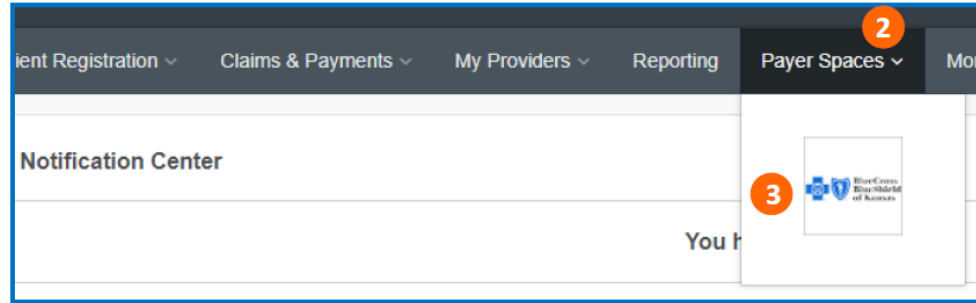
- Allows the Provider the opportunity for increased revenue
- Three Prerequisites (Claims, Remits, Newsletters)
- Group A
- Qualifying Periods for Each Measure – Quarterly/Semi Annual
- QBRP Letter(s)
- HEDIS Measures
- Availability – Eligibility/Claim Status Only

Provider Attestation

*Complete Attestation
Quickly and Easily
Using Blue Access!*

GETTING STARTED

1. Login to **Availity**
2. Select **Payer Spaces**
3. Select **Blue Cross Blue Shield of Kansas**
4. Select **BCBSKS Provider Secure Section (Blue Access)**
5. Select **Organization** from drop-down menu
6. Select **Submit**
7. Select **NPI/Organization** from drop-down menu, if needed
8. Select **Submit**, if needed



Provider Attestation

Applications Resources News and Announcements

♡ BCBSKS Provider Page

Access Provider Directory, Medical Policies, Publications, e-News, Education/Workshops, Secure Email Message Center, ICD10 and More.

♡ BCBSKS Provider Secure Section (Blue Access) 4

Access Remittance Advice, BCBSKS Patient Identification Search, Provider Identification Search, Pre-Service Review, Provider Information, Dental...

BCBSKS Provider Secure Section (Blue Access)

Select an Organization

ABCXYZ Internal Medicine Group

x v

Cancel

Submit

Provider Attestation

BlueCross BlueShield of Kansas BlueAccess®

Contact Us | Provider Directory | Forms | Logout

Home | Patient ID Search | Provider ID Search | Pre-Service | **1** Provider Information | Remittance Advice | QBRP

Welcome ABCXYZ Internal Medicine Group

Welcome to the Blue Cross and Blue Shield of Kansas Provider Portal.

2 Provider Information Forms
Business Arrangements

Provider Attestation

Provider Information Form - Group

3

This form allows providers to update the information Blue Cross and Blue Shield of Kansas has on file.

Please only fill out the text fields to the right when there is information to update. The fields should be left blank if there are no changes.

To avoid being timed out, please complete this form in one sitting.

Submission of this form will count toward the following:

Provider Data Validation (Contractual Requirement)

Submission deadline of September 30, 2021.

4

5

Tax ID	000000000	Billing NPI	1234567890
Group Name	ABCXYZ Internal Medicine Group	Legal Name as Reported to IRS	ABCXYZ Internal Medicine Group
Provider Type	Medical Doctor	Taxonomy Code	2085B0100X
Provider Specialty	Radiology		
Electronic Fund Transfer	No	Auto Deduct	Yes
Directory Print Indicator	Yes	Provider Representative	Peter Piper
Network Agreements	Competitive Allowance Program (CAP), Medicare Advantage	Disclaimer: Provider contracting subject to change based on Kansas License Status, credentialing criteria and contract termination as outlined in Professional Provider Policy Memo #1 and the contracting provider agreement	

Correspondence Address

Street Line 1 PO BOX 9999

Street Line 2

City Wichita

State KS

ZIP Code 67206

ZIP Code Plus 4

Phone (316) 555-0123

...

Provider Attestation

Contact Information - Required

Contact Name

Contact Email

Contact Phone

Additional Comments

255 of 255 characters remaining

6

Provider Agreement

Please indicate that you have read and acknowledged the statement below prior to clicking **Submit**:

☐ I agree that any information I have provided in the form above is accurate and complete to the best of my knowledge. Where I have not provided updates, I agree that the information on file is up-to-date.

Note: Please allow 5 business processing days for requested changes to take effect.

7



Submit

Cancel

Performing Provider List

8

☒ Show only performing providers requiring attention

Provider Name	Provider NPI	QBRP Qualification Last Met	Provider Data Validation Last Met
Jack C Horner	1357924530	 06/12/2020	

Electronic Provider Message Portal

- Ability to upload records when requested via group email
- Replaces receiving a letter record request
- Registration beginning April 1, 2022
- Implementation May 1, 2022
- May 1 date of service driven incentive
- 1% QBRP Incentive
- Located in Blue Access
- Response required within 15 days of email

Provider Message Portal – Sign up



The screenshot shows the BlueCross BlueShield of Kansas BlueAccess provider portal. The top navigation bar includes links for Contact Us, Provider Directory, Forms, and Logout. Below this is a secondary navigation bar with links for Home, Patient ID Search, Provider ID Search, Pre-Service, Provider Information, Remittance Advice, QBRP, and Resources. The 'Provider Information' link is highlighted, and a dropdown menu is visible with three options: Provider Information Forms, Business Arrangements, and Message Portal Enrollment. A red arrow points to the 'Message Portal Enrollment' option. The main content area displays a welcome message for 'ABC Clinic' and a paragraph about the portal's purpose.

BlueCross BlueShield of Kansas BlueAccess®

Contact Us | Provider Directory | Forms | Logout

Home | Patient ID Search | Provider ID Search | Pre-Service | **Provider Information** | Remittance Advice | QBRP | Resources

Welcome ABC Clinic

Welcome to the Blue Cross and Blue Shield of Kansas Provider Portal.

This area has been designed to assist providers who contract with Blue Cross and Blue Shield of Kansas. Here you will find valuable tools and resources to assist you in your interactions with BCBSKS. We continue to add new features to this site and welcome your feedback on how we can improve our service to you.

- Provider Information Forms
- Business Arrangements
- Message Portal Enrollment**

Provider Message Portal – Sign up

Experience the [Message Portal](#).

Please contact your provider relations representative with any questions you may have.

Provider Information

Provider Name: ABC Clinic

Provider Tax ID: 123456789

Provider NPI: 987654321

To enroll for the message portal, please review and submit the [Message Portal Addendum](#).



The message portal will become active and available on the date the addendum is submitted.

Provider Message Portal – Sign up

SECTION V. PROVIDER SIGNATURE

Message Portal Contact Information

Provider Group Email Address (this will be used for any Message Portal notification emails)

Submitter Information

Name and Title

Phone Number

Email Address

☐ By checking this box, you are agreeing to all of the Message Portal Terms and Conditions outlined above. Furthermore, checking this box also indicates that you have the complete authority to act on behalf of the company identified in SECTION I of this agreement and that the submitter information provided above is yours and can be treated as your digital signature.

BACK



SUBMIT



Telemedicine

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

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 WAIVIER 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. Presented on an individual basis to the patients. It may not be a blanket statement signed by all patients.
6. Acknowledged by patient that he or she will be personally responsible for the amount of the charge, to include an approximate amount of the charge at issue.

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

Limited Patient Waiver



Section 1 – Patient Information

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 ☐ Patient-requested services
☐ 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) ☐ 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

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

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

Witness _____ Date Signed _____

Documentation

Records must:

Be legible in both readability and content.

Contain only those terms and abbreviations easily comprehended by peers of similar licensure.

Contain personal/biographical information in a consistent location including the following:

- Name (first and last), and DOB (date of birth) – should be reflected on every page
- Home address, telephone number, place of employment, and marital status
- Medication allergies with reactions
- Appropriate consent forms, and Emergency Contact Information

Documentation

Contain pertinent and significant information concerning the patient's presenting condition.

This should include:

- Documentation of at least on mental health status evaluation (e.g. patient's affect, speech, mood, etc.)
- Past and present use of tobacco, alcohol and prescribed, and drugs, including frequency and quantity
- Psychiatric history
- Medication management including medication prescribed: quantity or documentation of no medication: and over the counter medication.

Indicate the initial diagnosis and the patient's initial reason for seeking the provider's care.

Document the treatment provided. This would include the start and stop times or total time on all timed codes per CPT nomenclature.

Documentation

Treatment plan, including measurable goals, established time frames, and documentation of the patient's strengths and limitations in achieving the goals. Must be individualized for each patient. Document progress and how it related to the plan of care and diagnosis. Continuity and coordination of care, along with referrals to community outreach service or higher levels of care should be documented.

Medical records of minor patients should contain prenatal and parental events, developmental histories and evidence of family involvement. They must also contain informed parental consent for all prescribed medications.

Signature requirements: Must be legible, each entry must be authenticated by the author, and reflect who performed the service. The signature must also meet the criteria for handwritten, electronically signed, and digital signatures.

Rubber Stamp signatures are NOT permissible

NOTE: refer to the Behavioral Health and/or Substance Abuse manuals for full documentation requirements.

Documentation Errors

Start and stop times or duration not documented

Not indicating changes to the treatment plan goals or if the goals remain the same

Not Indicating when the next follow up visit is and, as appropriate, any discharge planning

Failure to document the patient's presentation in each face-to-face encounter note. This should contain objective and subjective documentation of the patient's presentation.

Not being precise and updating the record as appropriate

Documentation must match the requirements of the CPT code. Please refer to the most current CPT code book for specific requirements. Refer to www.ndbh.com provider tab, for documentation on how to determine what codes are most appropriate.

MiResource

- Online mental health provider directory
- Filtered by patient's specific needs/preference
- In-person or Telemed
- <https://bcbsks.miresource.com>

MiResource

**We have someone good in
mind for every type of mind.**

All the mental health care you'll ever need, someone good and available for you.

[Providers](#)

[Search All](#)

Location
Add your city, zip, or address

Setting
Remote or in-person

Specialty
All specialties

 **SEARCH**

**Not sure what
you're looking for?**

That's okay — most people don't.
Answer a few questions, and we'll
help you get started.

[Get matched](#)



 **Help**

MiResource

Welcome to MiResource, an invitation-only referral database!

Our mission is to create better access to mental health care. We are passionate about connecting people to the right mental health care for their unique needs.

Perks of joining our community:



Exposure to
clients/patients who
meet your practice
strengths



Free marketing for your
services



A referral tool to help you
find additional care for
your clients/patients



Access to an exclusive
community of resources



Reduced requests for
services when your
practice is full



Join in just three steps:

- 1 Create an account
- 2 Complete your profile
- 3 Start matching with clients!

CREATE ACCOUNT

I HAVE AN ACCOUNT

Have questions?

Get them answered [here](#).

Watch our [3 min video](#) on how to create
a MiResource profile.

Contact us at info@miresource.com

Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of Kansas contracts with MiResource to provide mental health resources to members, and is otherwise unaffiliated with Blue Cross and Blue Shield of Kansas.

MiResource

Tells us a little bit more about your expertise

This helps us match you with clients in your areas of expertise.

Provider types

Please select all that apply

I prescribe medication

☐ Yes ☐ No

Areas of expertise

You can keep adding more later.

Please select all that apply

Age groups you treat

Please select at least one.

Children (under 10)

Preteens (10-12)

Teens (13-17)

Young adults (18-30)

Adults (31-64)

Seniors (65+)

Ok >

↵ Press Enter

✓ Accepting new clients ⌚ Updated within 51 days

Licensed Clinical Social Worker (LCSW)

Helping families transition during life changes and trauma. Certified Anger Management Educator. Certified Child and Adolescent Grief Counselor. Fellow Of the American Academy of Grief. Trained to provide supports to communities by helping families process life producing emotionally healthy individuals who productively give back to their families, schools, and workforce.

Creating therapeutic relationships that fosters personal drive and growth through partnership.

Cisgender Woman, LGBTQIA+

Remote only | Speaks English | 13 years in practice

Practice hours (America/Chicago)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Closed	8:00 am – 1:00 pm	8:00 am – 3:00 pm	8:00 am – 3:00 pm	8:00 am – 3:00 pm	Closed	Closed

Areas of focus

- Anger Issues
- Burnout
- Career
- Cognitive Functioning
- Depression
- Disability
- End of Life
- Family Caregiving Stress
- Grief and Loss
- Infidelity
- Life Transitions
- Loneliness/Isolation

Show all

Send email

Call provider

- ✓ In-network insurance
- ✓ Out-of-pocket

Insurance

Aetna - Kansas

Blue Cross Blue Shield (BCBS) - Kansas

Cenpatco - Kansas

KanCare - Kansas

Multiplan - Kansas

Hide all

Treatment specialties

Therapeutic modalities

- Assessment/Evaluation
- Individual Therapy

Treatments

- Attachment-Based Therapies
- Anger Management
- Brief Psychotherapy
- Brief Psychodynamic Psychotherapy
- Behavior Therapy
- Cognitive Behavioral Therapy (CBT)
- Cognitive Restructuring
- Erikson/Psychosocial Development
- Family Systems Therapy
- Person-Centered Therapy
- Relational Psychotherapy
- Solution-Focused Therapy
- Social Skills Training

Groups & communities

Age groups

Special groups



**Thank you for being a
BCBSKS contracting
provider**