

Provider Attestation: Fulfill your obligation

Contracts specify the necessity to keep information valid and accurate

The need for accurate provider data has been around for a long time. Providers agree in their network contracts to notify Blue Cross and Blue Shield of Kansas (BCBSKS) as soon as possible when there is a change in the practice that impacts how BCBSKS pays or is representing the provider in the directory.

The Affordable Care Act and the Health Insurance Marketplace brought forward additional emphasis on the importance of quality provider data and began evaluating directory information and found the data is less than accurate and reliable to the public. The CMS conducts directory audits and requires corrective action

plans when indicated and may impose large fines to the health plan based on the impact of the inaccurate data to the consumer.

Provider data quality initiatives were introduced to Competitive Allowance Program (CAP) contracting providers in 2014 when the Quality-Based Reimbursement Program was introduced.

So much emphasis was placed on getting providers qualified for incentives, the first obligation to the provider agreement — to make available to members and referring providers current, accurate provider directory data — became an afterthought or was forgotten entirely.

In general, network providers do a good job in keeping BCBSKS informed of changes in their practice. BCBSKS is needing to step up efforts for tracking provider engagement, reviewing and attesting to provider data on a routine basis.

BCBSKS is required to report quarterly to the Blue Cross Blue Shield Association network providers' compliance on efforts for maintaining accurate network provider data.

Directory data audits also are being conducted and reported on based on compliance with your provider agreement.



Contract requirements and incentives

Members rely on provider directories to locate providers and conduct comparisons for services to determine out-of-pocket expenses.

Providers **also** are paid an incentive to review and attest to the accuracy of their data provided to Blue Cross and Blue Shield of Kansas (BCBSKS). This Provider Information Portal (PRT) incentive payment is part of the Quality-Based Reimbursement Program (QBRP).

CAP contract requirement — Review and attest to the business information and

provider information two times a year.

Medicare Advantage (MA) requirement — Review and attest to the business information and provider information four times a year. (See schedule below to meet the requirement for both CAP and MA with one attestation.)

QBRP — Attest within the qualifying periods.

A schedule (below) has been developed to help offices plan and meet the contract requirements and QBRP qualifying periods.

Attestation Schedule

This schedule (below) incorporates the CAP and MA agreement requirements.

The months shaded in green are the months to consider for completing the data review and attestations.

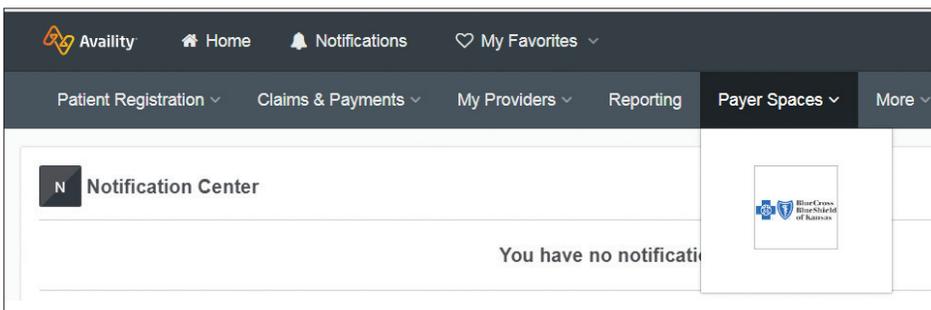
Attestations completed within these months capture the attestation for CAP, QBRP, and MA, satisfying the contractual requirement, and qualifies the provider for the PRT QBRP incentive when prerequisites are met.

Data Review and Attestation Schedule

Schedule for Provider Data Quality and Medicare Advantage Attestations.														
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Contract Requirement														
PRT QBRP Qualifying Period 1														
PRT QBRP Effective														
PRT QBRP Qualifying Period 2														
PRT QBRP Effective														
MA Data Attestation 1st qtr														
MA Data Attestation 2nd qtr														
MA Data Attestation 3rd qtr														
MA Data Attestation 4th qtr														

Provider data review and attestation is a contractual requirement of both Blue Cross and Blue Shield of Kansas and Medicare, as well as a QBRP incentive. Attesting in the “green” months above ensures a provider hits all requirements and incentives.

Availity makes access to attestation simple

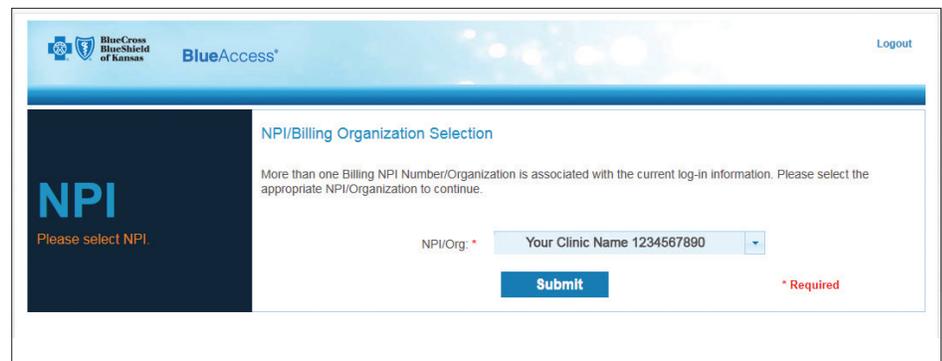


1. Select Payer Spaces

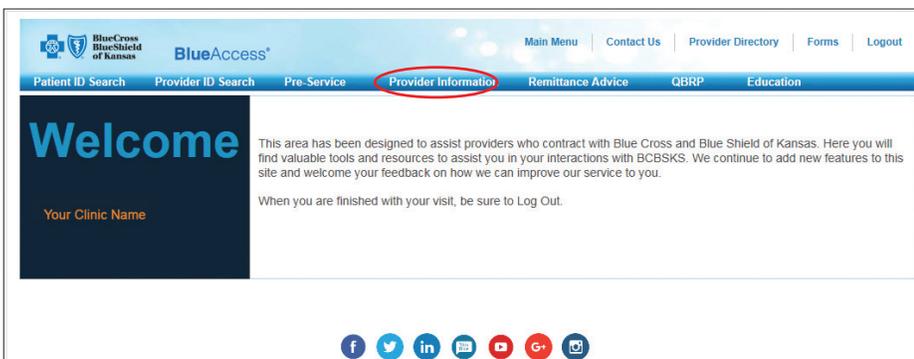
On the Availity home screen, Click Payer Spaces and select BCBSKS. This will take providers to BlueAccess.

2. Select NPI

If you have multiple NPIs, select the one for the information you seek. **This will need to be done for each NPI.**



3. Choose Provider Information from Welcome Screen



On the BlueAccess Welcome screen, choose Provider Information from the top row.

From the BlueAccess secure site welcome screen, providers have access to secure member information and can attest to data accuracy, as well as access public information (i.e. publications, medical policy).

4. Information Displayed Prominently in Callout Bubble

Updates to the provider information pages on the BlueAccess website have

been made to inform providers what contract or incentive the attestation is satisfying.

Sample screen shots have been highlighted below with these changes.

BlueCross BlueShield of Kansas BlueAccess®

Main Menu | Contact Us | Provider Directory | Forms | Logout

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

Provider Information Form - Group

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 March 31, 2020.

Provider Group Form

Verbiage has been added to the top of the form (above) instructing providers to complete the fields to the right of the information only when there is a change. Providers should not put information into blank sections when change to the data is not needed.

A box has been added to advise providers they need to

attest to their practice data to meet the contract requirement of attesting twice a year.

Attesting to the practice information is new this year.

When the attestation has been submitted, the text box will be gone and the last attest date will be in its place the next time the provider information page is opened.

The BlueAccess application has been programmed to monitor the submissions and will present the text box again when the next attestation period begins. This applies to all forms in the provider information section.

Network Agreements

Providers contracted with Medicare Advantage now will have this network displayed (below).



5. Provider Information Portal (PRT) Group Attestation

Each location will have the screen at the right. Verify the information or use the fields at right of each category to update data.

Once the information is verified or updated, hit the Submit button toward the bottom of the screen to save the information.

When the attestation has been submitted, the callout bubble will be replaced with the last date of attestation.

The PRT incentive is earned at the performing provider level. This means each individual provider's data in the group must be verified separately to meet the incentive requirement.

A list of performing providers in the group is below the Submit button (see No. 6 on page 6). Notice the check box at the top of the list. This will toggle all providers or just the ones that need attestation. The blue yield symbol will appear behind providers that need action. See page 6 for more information.

Main Menu Contact Us Provider Directory Forms Logout			
Group Information			
Tax Id	1234567890	Billing NPI	1234567890
Group Name	Your group name here	Legal Name as Reported to IRS	Your group name here, LLC
Provider Type	Medical Doctor	Taxonomy Code	193200000X
Provider Specialty	Clinic/group Practice	Network Agreement Effective Date	01/01/2016
Network Agreement	CAP	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	
Electronic Fund Transfer	Y	Auto Deduct	Y
Directory Print Indicator	Y	Provider Representative	BCBSKS professional relations rep
Correspondence Address			
Street	1234 Main St.	<input type="text"/>	<input type="text"/>
City	Anytown	<input type="text"/>	<input type="text"/>
State	KS	<input type="text"/>	<input type="text"/>
ZIP Code	12345	<input type="text"/>	<input type="text"/>
ZIP Code Plus 4	0000	<input type="text"/>	<input type="text"/>
Phone	123-456-7890	<input type="text"/>	<input type="text"/>
Fax	123-456-7891	<input type="text"/>	<input type="text"/>
Payment Address			
Street	1234 Main St.	<input type="text"/>	<input type="text"/>
City	Anytown	<input type="text"/>	<input type="text"/>
State	KS	<input type="text"/>	<input type="text"/>
ZIP Code	12345	<input type="text"/>	<input type="text"/>
ZIP Code Plus 4	0000	<input type="text"/>	<input type="text"/>
Phone	123-456-7890	<input type="text"/>	<input type="text"/>
Fax	123-456-7891	<input type="text"/>	<input type="text"/>
Remittance Address			
Street	1234 Main St.	<input type="text"/>	<input type="text"/>
City	Anytown	<input type="text"/>	<input type="text"/>
State	KS	<input type="text"/>	<input type="text"/>
ZIP Code	12345	<input type="text"/>	<input type="text"/>
ZIP Code Plus 4	0000	<input type="text"/>	<input type="text"/>
Phone	123-456-7890	<input type="text"/>	<input type="text"/>
Fax	123-456-7891	<input type="text"/>	<input type="text"/>
Change Contact Information			
Change Effective Date	08/09/2016	Change Contact Name	<input type="text"/>
Change Contact Email	<input type="text"/>	Change Contact Phone	<input type="text"/>
Change Additional Comments	<input type="text"/> 255 of 255 characters remaining.		
Provider Agreement			
Please indicate that you have read and acknowledged the statement below prior to clicking Submit:			
<input type="checkbox"/> 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.			
<input type="button" value="Submit"/>		<input type="button" value="Cancel"/>	

6. Choose a Performing Provider within a Group to Verify

Performing Provider List			
<input checked="" type="checkbox"/> Show only performing providers requiring attention			
Provider Name	Provider NPI	QBRP Qualification Last Met	Provider Data Validation Last Met
Ima Provider	1234567890	10/09/2019	10/09/2019
John D Chiropractor	2345678901	10/09/2019	10/09/2019
Medical Doctor	3456789012	10/09/2019	10/09/2019
Carry A Lot	4567890123	10/09/2019	10/09/2019

Performing Provider List

Only active providers will display in the performing provider list. The QBRP and Provider Data Validation processes have been split into separate categories for reporting purposes. Providers attesting to their data in the months shaded in green on the schedule (see page 2) will have met the dates for both QBRP

and Provider Data Validation, and the attestation date will be the same. If attesting occurs outside the green months and within the qualifying time frame, the dates may be different for each category.

Check Box

A check box has been added to the performing provider list. When selected, only the performing providers that

need reviewed and attested will display in the performing provider list.

Yield Symbol

The blue yield symbol signals that action is required. The hover feature explains the required action. The yield sign will drop when the action for that performing provider is complete.

Performing Provider Form

Submit only the changes on the right side of the screen in the blank fields. Similar to the group form, a box has been added to the top of the form advising which requirements need

to met and by what date. Applying the green months from the schedule (page 2) to review and attest to provider information will aid providers in completing these tasks.

Send changes any time

Providers are encouraged to send updates through the portal at any time. A change received during any of the time frames on the schedule (page 2) will count toward satisfying one or both requirements.



7. Verify/Update Performing Provider Information

 Main Menu Contact Us Provider Directory Forms Logout 			
Performing Provider Information			
Tax Id	1234567890	Billing NPI	1234567890
Provider Name	Ima R Provider	Provider NPI	1234567890
Date of Birth	01/01/1990	Last Four SSN	1234
Gender	M	Network Agreement Effective Date	01/01/2018
Provider Type	Medical Doctor	Taxonomy Code	207RC0000X; 207R00000X
Provider Specialty	Internal Medicine	Board Certification	N
Provider Specialty	Cardiovascular Disease	Board Certification	Y
Directory Print Indicator	Y	Provider Representative	BCBSKS professional relations rep
	Current	Changes	
Admitting Hospital Privileges	Regional Medical Center	<input type="text"/>	
Provider Language(s) Spoken		<input type="text"/>	
Provider Name	Ima R Provider	<input type="text"/>	
Group Practice Location			
Street	1234 Main St.	<input type="text"/>	
City	Anytown	<input type="text"/>	
State	KS	<input type="text"/>	
ZIP Code	12345	<input type="text"/>	
ZIP Code Plus 4	0000	<input type="text"/>	
Phone	123-456-7890	<input type="text"/>	
Fax	123-456-7891	<input type="text"/>	
After Hours Phone		<input type="text"/>	
Wheel Chair Access	Y	<input type="text"/>	
TDD Access	N	<input type="text"/>	
Staff Language(s) Spoken		<input type="text"/>	
Patient Enrollment Status	Open to New Enrollment	Select One <input type="button" value="v"/>	
Office Hours	8:00 AM - 5:00 PM MON - FRI		
	Select Open Hour	Select Close Hour	
Sunday	HH:MM <input type="button" value="v"/>	HH:MM <input type="button" value="v"/>	
Monday	HH:MM <input type="button" value="v"/>	HH:MM <input type="button" value="v"/>	
Tuesday	HH:MM <input type="button" value="v"/>	HH:MM <input type="button" value="v"/>	
Wednesday	HH:MM <input type="button" value="v"/>	HH:MM <input type="button" value="v"/>	
Thursday	HH:MM <input type="button" value="v"/>	HH:MM <input type="button" value="v"/>	
Friday	HH:MM <input type="button" value="v"/>	HH:MM <input type="button" value="v"/>	
Saturday	HH:MM <input type="button" value="v"/>	<input type="text"/> <input type="button" value="v"/>	

Performing provider information — including name, admitting hospital privileges, address, phone, and office hours — will be on this screen for verifying and/or updating. This screen continues with No. 7 on page 8.

Note — Screens for solo providers will have more information to verify, including Correspondence, Payment, and Remittance addresses from No. 5 on page 5.

Note — To change or update information in protected fields, please continue to use the current provider change form or contact Provider Network Services at (785) 291-4135 or (800) 432-3587.



7. Verify/Update Performing Provider Information (continued)

A continuation of the screen on page 7, the screen at right shows which QBRP incentives the provider has qualified, the date, and the date the incentive terminated, if applicable.

Contact information is **required** in order to hit the Submit button at the bottom of the screen.

For more information regarding data attestation, contact your Professional Relations representative or Provider Network Services in Topeka at (785) 291-4135 or (800) 432-3587.

Provider Name	Ima Provider		
Group Practice Location			
Street Line 1	1234 NW Kansas Blvd.		
Street Line 2			
City	Anywhere		
State	KS		
ZIP Code	12345		
ZIP Code Plus 4	6789		
Phone	(123) 456-7890		
Staff Language(s) Spoken Other Than English			
Wheel Chair Access	Yes	Select One ▼	
Patient Enrollment Status	Open to New Enrollment	Select One ▼	
Office Hours	8:00 AM - 6:00 PM MON; 8:00 AM - 5:00 PM TUES, THUR; 9:00 AM - 7:00 PM WED; 8:00 AM - 1:00 PM FRI		Only submit changes below if different than office hours to the left.
	Select Open Hour	Select Close Hour	
Sunday	HH:MM Select One ▼	HH:MM Select One ▼	
Monday	HH:MM Select One ▼	HH:MM Select One ▼	
Tuesday	HH:MM Select One ▼	HH:MM Select One ▼	
Wednesday	HH:MM Select One ▼	HH:MM Select One ▼	
Thursday	HH:MM Select One ▼	HH:MM Select One ▼	
Friday	HH:MM Select One ▼	HH:MM Select One ▼	
Saturday	HH:MM Select One ▼	HH:MM Select One ▼	
QBRP and Rural Access Incentives (Current Year)			
Incentive	Percentage	Effective Date	Term Date
ES2: Electr Self Svc 2.0	1.5	01/01/2020	
PRT: Provider Portal	3.0	01/01/2020	
QBRP and Rural Access Incentives (Previous Year)			
Incentive	Percentage	Effective Date	Term Date
ES3: Electr Self Svc 3.0	3.0	01/01/2019	12/31/2019
PRT: Provider Portal	2.75	01/01/2019	12/31/2019
Contact Information - Required			
Contact Name	Contact Email		
Contact Phone			
Additional Comments	255 of 255 characters remaining.		
Provider Agreement			
Please indicate that you have read and acknowledged the statement below prior to clicking Submit:			
<input type="checkbox"/> 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.			
Submit		Cancel	