



# Professional Provider Report

A newsletter for professional providers  
and their staff members

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## BCBSKS increasing provider data efforts

### Contracts specify the obligation 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.



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# Contract requirements and incentives

Two important business elements are involved with the need to maintain accurate provider data — provider directories and incentive payments.

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 Data Attestation (PDA) 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.

In an effort to minimize any confusion regarding provider office needs to attest to practice data and the business element being satisfied, BCBSKS has

developed a schedule (below) to help offices plan and meet the contract requirements and QBRP qualifying periods. BCBSKS also has made changes to the provider information pages in BlueAccess.

This schedule 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 PDA 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														
PDA QBRP Qualifying Period 1														
PDA QBRP Effective														
PDA QBRP Qualifying Period 2														
PDA 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.

# Provider information page changes

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.

## 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 have been putting 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).

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
Ims 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

Providers who have been terminated from a group will no longer display in the performing provider list. It was necessary to split the QBRP and Provider Data Validation processes for reporting. If a provider chooses to implement attesting to their

data in the months shaded in green on the schedule (page 2), the last met dates for both the QBRP and Provider Data Validation will be the same. If attesting occurs outside the green months and within the qualifying time frame, the dates will be different.

A check box has been added

to the header. When selected, only the performing providers that need reviewed and attested will display in the performing provider list. The blue yield symbol has been added with a hover feature explaining what action is needed. 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 aide providers in completing these tasks.

## Send changes any time

The radio buttons have been removed from the forms needed to be selected to advise BCBSKS whether attesting with or without changes or submitting changes only.

This is no longer necessary, and BCBSKS encourages

providers to submit changes through the portal at any time throughout the year.

A change received during any of the time frames on the schedule (page 2) will count toward satisfying one or both requirements.