



# Annual Dental CAP Report

2020 Contracting



**BlueCross  
BlueShield  
of Kansas**

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# 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 2020 Competitive Allowance Program (CAP) and Dental PPO 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 professional provider representatives and Provider Network Services.

If you need clarification or additional information related to any information included herein, contact your Professional Relations representative (see page 8 for territory map) or Provider Network Services.

PR Staff	Location	Toll-Free Phone #	Local Phone #	Email
Doug Scott, Director	Topeka	(800) 432-0216 ext. 8831	(785) 291-8831	doug.scott@bcbsks.com
Robyne Goates, Manager	Topeka	(800) 432-0216 ext. 8206	(785) 291-8206	robyne.goates@bcbsks.com
Gwen Nelson	Topeka	(800) 432-0216 ext. 8716	(785) 291-8716	gwen.nelson@bcbsks.com
Darin Fieger	Topeka	(800) 432-0216 ext. 8207	(785) 291-8207	darin.fieger@bcbsks.com
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Jennifer Falk	Topeka	(800) 432-0216 ext. 7724	(785) 291-7724	jennifer.falk@bcbsks.com
Kyle Abbott	Wichita	(800) 432-0216 ext. 1674	(316) 269-1674	kyle.abbott@bcbsks.com
Vickie Kloxin	Wichita	(800) 432-0216 ext. 1674	(316) 269-1674	vickie.kloxin@bcbsks.com
Debra Meisenheimer	Hutchinson	(800) 432-0216 ext. 4273	(620) 663-1313	debra.meisenheimer@bcbsks.com
Jennie Fellers-Morgan	Hays	(800) 432-0216 ext. 4223	(785) 261-9969	jennie.fellers-morgan@bcbsks.com
Provider Network Services	Topeka	(800) 432-3587 option 1 or 3	(785) 291-4135 option 1 or 3	prof.relations@bcbsks.com

## 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.

# #1

BCBSKS is top-ranked for Provider Satisfaction.

# 9.04%

BCBSKS spent 9.04 percent of annual premium income on administrative expenses for the year of 2018.

# 280,658

BCBSKS and its subsidiaries serve 280,658 members with dental coverage as of May 31, 2019.

# 91%

BCBSKS contracts with 91 percent of all dentists in the Plan area for CAP and about 66 percent for the Dental PPO.

# 100%

BCBSKS is 100 percent URAC accredited in health plan, case management, and disease management.

## 2020 Reimbursement and Policy Memo changes

On June 28, 2019, the BCBSKS Board of Directors met and approved policy memo changes and the CAP dental MAPs that will be applicable for 2020. A summary of the policy memo changes is enclosed for your review.

Reimbursement for 2020 is aligned to continue RVU-based pricing and promote the incentives available through the Quality-Based Reimbursement Program (QBRP) (see pages 4-6). 2020 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 percent for services performed by dentists (CDT codes) in counties with a population of 13,000 or less (see page 7).

A charge comparison report reflecting reimbursement for 2020 is available by contacting your Professional Relations representative or our Provider Network Services area. The charge comparison is based on services billed by you during the first five months of 2019. The charge comparison format provides the lesser of your charge or the CAP dental MAP for each procedure code you performed thus far in 2019.



# The value in contracting

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

<p><b>Local member contracts</b> structured to allow charges up to 100 percent of the MAP for participating CAP providers (subject to member benefits).</p>	<p><b>Opportunity to earn additional revenue</b> through the Quality-Based Reimbursement Program (QBRP).</p>
<p><b>Detailed claim-payment information</b> provided to both you and the member explaining their financial responsibilities.</p>	<p><b>Direct payment from BCBSKS</b>, which minimizes your collection efforts and increases cash flow.</p>
<p><b>A dedicated field staff</b> available to visit your office to address any operational issues.</p>	<p><b>Electronic remittance advice</b> and payment capabilities.</p>
<p><b>Access to Provider Network Services</b> personnel to answer policy questions or obtain assistance with claim coding questions.</p>	<p><b>Opportunity to participate on specialty liaison committees</b> and provide direct input in the development of medical policies and emerging issues.</p>
<p><b>Opportunity to participate</b> in the BCBSKS Dental PPO network and/or Medicare Advantage (as applicable).</p>	<p><b>Periodic workshops</b> conducted by Professional 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.</p>
<p><b>Website (bcbsks.com) and self-service</b> access through Availity, which improves your office efficiencies and maximizes your employee resources.</p> <ul style="list-style-type: none"> <li>Secure services include detailed claims payment information, member eligibility, remittance advice, and provider enrollment information.</li> <li>Other services include training modules, podcasts, newsletters, manuals, policy memos, and medical policies/guidelines.</li> </ul>	<p><b>Contracting providers' names made available to BCBSKS members</b> through a number of sources including the internet, employer groups, and other contracting providers for referral purposes, which increases the potential for new patients.</p>

**NOTE** — In 2020, for the majority of our business, non-contracting providers' services will be paid direct to the member at a charge up to 80 percent of the MAP (i.e. there is a 20-percent 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.



## 2020 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 data is used to determine qualification for any applicable metric requiring data.

The 2020 QBRP program is effective for services performed January 1, 2020 through December 31, 2020. Since the 2020 CAP letter is sent out in July 2019, providers have several months to prepare to meet the various QBRP metrics and qualify for incentives effective January 1, 2020, in accordance with the metric review schedule (see page 6). Please read the requirements and metrics for the 2020 QBRP program so you are prepared to maximize the available incentives. Any subsequent pertinent information or clarification will be communicated accordingly.

### Criteria for 2020

In accordance with the 2020 Dental Policy Memo, Section XXV. Reimbursement for Quality, this document describes the components of our QBRP effective January 1, 2020 through December 31, 2020. 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, and pharmaceuticals. 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 5. This reimbursement will be in addition to the respective base MAPs for CAP, Dental PPO, and Solutions for 2020. **Please note** — Changes in CDT and CPT codes (added/deleted) will be effective prospectively, including QBRP.

The quality-based incentives will be earned at the individual provider level 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 January 1, 2020, 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. Confirmation notices with the qualifying incentive category, amount, and effective date will be generated for each individual provider and sent by email to the address on file. Email delivery of the confirmation notices for 2020 QBRP incentives effective January 1, 2020 will be sent mid-December 2019.

**Please note** — BCBSKS implemented enhancements to the provider information portal in 2018 to include QBRP information. We have seen an uptick in portal use and encourage dentists to see their data on the portal. At some point in time, BCBSKS may replace the email confirmation process. More information and instructions will be communicated if the QBRP communication process changes.





## 2020 Dental Providers QBRP

**All metrics will be reviewed on a semi-annual basis and any incentives earned will be effective either January 1, 2020 or July 1, 2020 as applicable.** We will continue monthly reviews for 2020 to identify providers who did not qualify for incentive(s) beginning January 1, 2020 because of not meeting prerequisites, or new providers/groups after January 1, 2020, but may subsequently qualify for incentive(s). Qualifying will be based on the most current data/reports available and in accordance to the schedule(s) listed in this document. If/when one of these two situations occur, the incentive(s) will be effective the first of the following month. A confirmation notice will be emailed to the provider to include the new incentive category and effective date. Any corrections will be effective the first of the following month unless otherwise specified.

We will conduct a QBRP refresh in the first and second quarters (depending on the metric) of 2020 for an effective date of July 1, 2020 to determine if providers are continuing to meet the performance standards for the metric(s) earned for the incentive payments effective January 1, 2020. 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, 2020 for the remainder of the year. If a provider no longer meets the performance standards for the metric(s), a new communication advising of the change in QBRP incentive(s) qualifications will be sent.

### QBRP PREREQUISITES AND GROUPS FOR PROVIDERS

<b>QBRP Participation Prerequisites</b>	Providers must conduct business with BCBSKS electronically (i.e. turn off paper). 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 website (and turn off printed RAs), and receive all communications (newsletters, etc.) electronically.
<b>Group 1</b>	Applies to all eligible contracting dental providers and to all eligible/covered CDT and CPT codes (excludes Clinical Lab, Pharmacy, and Pharmaceuticals).
<b>Group 2</b>	Applies to all eligible contracting dental providers and to all eligible/covered CDT codes (excludes Clinical Lab, Pharmacy, and Pharmaceuticals).



## 2020 Dental Providers QBRP

Metric	%	Group	Description	Qualifying Period
<b>Electronic Self-Service (ES3, ES2)</b>	<b>3.0 (ES3)</b> (96% or >) <b>1.5 (ES2)</b> (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 percent.	Semi-annual
<b>Provider Information Portal (PRD)</b>	2.0	2	Must verify provider information twice a year according to the qualifying schedule below. Each individual provider within a group must verify information. Verification must be completed within the BCBSKS provider information portal.	Semi-annual

### 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
August 1 - October 31, 2019	January 1, 2020
February 1 - April 30, 2020	July 1, 2020

### Qualifying for Provider Information Portal (PRD) Incentives

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

Qualifying Period	Incentive begins
June 1 - November 30, 2019	January 1, 2020
December 1, 2019 - May 31, 2020	July 1, 2020

### QBRP CHANGES FOR 2020

Metric	Change	Reason
	No changes.	





## Rural Access Counties

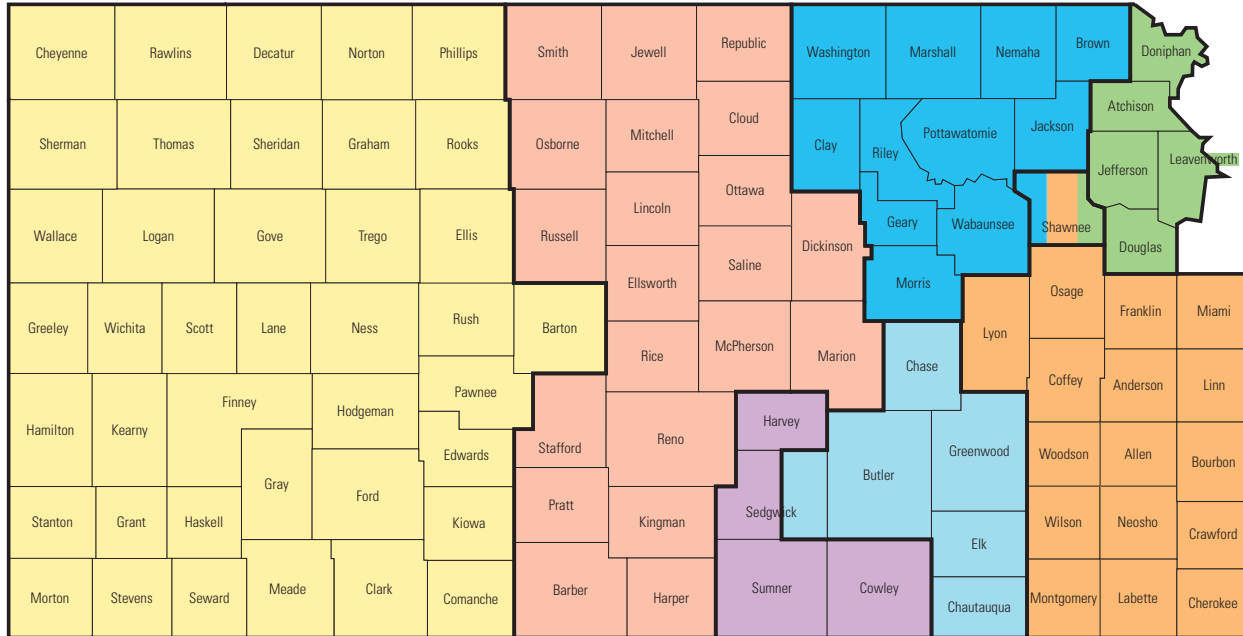
The following is a list of counties with a population of 13,000 or less that qualify for a Rural Access incentive.  
(Source: U.S. County 2018 Estimated Census)

County	Population
Allen	12,444
Anderson	7,878
Barber	4,472
Brown	9,598
Chase	2,629
Chautauqua	3,309
Cheyenne	2,660
Clark	2,005
Clay	7,997
Cloud	8,729
Coffey	8,233
Comanche	1,748
Decatur	2,871
Doniphan	7,682
Edwards	2,849
Elk	2,508
Ellsworth	6,196
Gove	2,612
Graham	2,492
Grant	7,336
Gray	6,033
Greeley	1,227
Greenwood	6,055
Hamilton	2,607
Harper	5,506
Haskell	3,997
Hodgeman	1,818
Jewell	2,841
Kearny	3,943
Kingman	7,310
Kiowa	2,516
Lane	1,560
Lincoln	3,023
Linn	9,750
Logan	2,844

County	Population
Marion	11,950
Marshall	9,722
Meade	4,146
Mitchell	6,150
Morris	5,521
Morton	2,667
Nemaha	10,155
Ness	2,840
Norton	5,430
Osborne	3,475
Ottawa	5,802
Pawnee	6,562
Phillips	5,317
Pratt	9,378
Rawlins	2,508
Republic	4,664
Rice	9,531
Rooks	5,013
Rush	3,093
Russell	6,907
Scott	4,897
Sheridan	2,533
Sherman	5,899
Smith	3,603
Stafford	4,178
Stanton	1,987
Stevens	5,559
Thomas	7,711
Trego	2,793
Wabaunsee	6,899
Wallace	1,503
Washington	5,420
Wichita	2,105
Wilson	8,665
Woodson	3,183



## Professional Relations Field Representative Territorial Map



MD, DO, DPM, DC, DDS, PA, APRN, CRNA, LSCSW, PHD, OD, OOD, OSAF, CCC-SLP (speech), OTR, RPT

- Gwen Nelson – Topeka – Rep. Code C
- Vickie Kloxin – Wichita – Rep. Code M
- Kyle Abbott – Wichita – Rep. Code P
- Jennie Fellers-Morgan – Hays – Rep. Code R

**Pharmacy and Infusion Therapy**

Ken Mishler, PharmD, MBA – Topeka – Rep. Code B

- Debra Meisenheimer – Hutchinson – Rep. Code K
- Christie Mugler – Topeka – Rep. Code Z
- Darin Fieger – Topeka – Rep. Code D

CCC-A (AUD), Hearing Aid Dispenser (HAD), HME, Orthotists,  
Private Duty Nurses, Prosthetists, Sleep Labs (SLAB), AMB

Jennifer Falk – Topeka – Rep. Code V



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