Professional Provider Report

A Newsletter for Professional Providers and their Staff Members

Special Edition — 2017 QBRP

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WHAT'S INSIDE?

The *Professional Provider Report* is published by the professional relations department of Blue Cross and Blue Shield of Kansas.

OUR WEB ADDRESS:
http://www.bcbsks.com

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BlueCross BlueShield of Kansas
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New Provider Portal for Data Attestation available Sept. 1

It pays for provider data to be accurate

Provider data accuracy always has been an important element of health plan operations, provider contracting, payment of claims, and directories for members to locate network providers.

As such, Blue Cross and Blue Shield of Kansas (BCBSKS) now will pay for accurate and up-to-date provider data through the Quality-Based Reimbursement Program (QBRP, see page 3 for details) in 2017.

In recent Medicare Advantage audits, the Center for Medicare and Medicaid Services (CMS) considered the provider as the source of truth when the health plan challenged CMS findings of inaccurate provider data.

USING THE PROVIDER PORTAL

BCBSKS is introducing a provider portal to verify, update, and attest to provider data accuracy and earn the corresponding QBRP incentive.

For detail instructions on how to use the portal, see pages 8-11.

BCBSKS credentials the majority of network providers every three years validating certain data related to licensure, board certification, current malpractice coverage, etc. Credentialing programs traditionally do not involve validating provider practice locations, office hours, phone

Please see **ACCURATE**, *page 7*

Questions: Contact your professional relations representative or provider network services in Topeka at (785) 291-4135 or (800) 432-3587.

Optimizing QBRP

The Quality-Based Reimbursement Program (QBRP) is designed to promote efficient administration and improved quality with better patient care and outcomes. Contracting Blue Cross and Blue Shield of Kansas (BCBSKS) providers have an opportunity to earn additional revenue through add-ons to allowances for meeting the defined quality metrics.

The 2017 QBRP program is effective for services performed Jan. 1, 2017 through Dec. 31, 2017. Since the 2017 CAP letter was sent out in July 2016, providers have several months to prepare to meet the various QBRP metrics and qualify for incentives effective Jan. 1, 2017, in accordance with the metric review schedule.

The following pages describe the components of QBRP for 2017, also available in this year's CAP mailing. The program applies to all CAP and Solutions professional providers and services except for clinical labs, pharmacies and pharmaceuticals, and dentists.

Also detailed are the time lines of dates that need to be met throughout 2017 to qualify for certain components (pages 6 and 7).

For more information, please contact your professional relations representative.

QBRP refresh schedule

Blue Cross and Blue Shield of Kansas will conduct a QBRP refresh in the first and second quarters (depending on the metric) of 2017 for an effective date of July 1, 2017 to determine if providers are continuing to earn the incentive payments effective earlier in the year. If the refreshed data indicates a provider is no longer earning an incentive(s), then the associated QBRP incentive(s) will cease beginning July 1, 2017 until such time the provider again earns the incentive(s) as determined through monthly/quarterly monitoring. If a provider ceases to meet the metric(s), he/she will receive a new communication advising of the change in their QBRP incentive(s) qualifications. Likewise, if a provider no longer meets the metric(s) and later re-qualifies to meet the metric(s), he/she will receive a new communication to inform them of the new effective date for receiving the associated QBRP incentive(s).

QBRP PREREQUISITES AND GROUPS FOR PROVIDERS	
QBRP Participation Prerequisites	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 RA's), and receive all communications (newsletters, etc.) electronically.
Group A	Applies to all eligible contracting professional providers and to all eligible/covered CPT and HCPCS codes (excludes Lab, Drugs, Dental).
Group B	Applies to all prescribing provider types (MD, DO, DPM, OD, PA, APRN, CRNA) and to all eligible/covered CPT codes (excludes Lab, Drugs, Dental).
Group C	Applies to primary care professionals including supervised mid-levels (FP, GP, Peds, IM, PA, APRN) unless otherwise noted and only to covered E&M codes. Group C incentives are earned at the group level (for physicians with attributed members) with the exception of NCQA Diabetes, Heart Stroke Recognition and PCMH, which are incentivized at the individual level. New providers joining a group or changing tax IDs will not be eligible for the HEDIS metrics under the new arrangement until the refresh period.
Group D (New)	Applies to all prescribing provider types (MD, DO, DPM, OD, PA, APRN, CRNA) and only to E&M codes.

Metric	%	Group	Description	Qualifying Period
Electronic Self-Service	**3.0** *(95% or >)* **2.0** *(85-94%)* **1.0** *(75-84%)*	A	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.	Quarterly
Provider Portal (New)	1.5	A	Must verify provider information twice a year according to the qualifying schedule on page 6. Each individual provider's information within a group must be verified. Verification must be completed within the BCBSKS provider portal. **NOTE —** See pages 8-11 for details on how to use the portal.	Semi-annual
Anesthesia Registry Data (New)	1.5	B	Must send sufficient patient information to meet CMS quality measures to a CMS-approved registry such as the Anesthesia Quality Institute. Electronic submission is preferred. Providers under a group qualify as a group.	Monthly
KHIE inquiries	1.5	B	Each prescribing provider must inquire to an approved Kansas Health Information Exchange (KHIE) organization at least 60 times per quarter to earn this incentive. Groups with EMR systems that only report by tax ID number must meet the aggregate 60 inquiries multiplied by the number of prescribing providers in the group. Groups may choose to be counted on a group or individual basis (see page 6). Each provider must have a user ID.	Quarterly
KHIE HL7 use — Each provider must have a user ID and real-time connectivity to qualify for: *(Note — In 2016, credit was given when the respective HL7 feed was ordered/purchased to assist with the demand and backlog to implement. There was a six-month grace period for early adopters to be fully implemented. For 2017, credit will only be given if fully implemented for the respective HL7 feeds.)*				
a-KHIE HL7. Demographics, admissions, discharges, transfers	1.0	B	Must send all records for demographics, admissions, discharges, and transfers. This includes office visits.	Quarterly
b-KHIE HL7. Progress notes	1.0	B	Must send progress notes on all patient encounters.	Quarterly
c-KHIE HL7. Diagnosis and Procedure coding	1.0	B	Must send diagnosis and/or procedure coding on all patient encounters.	Quarterly
d-KHIE HL7. Lab reporting	0.5	B	Must send all lab reports on all patient lab tests.	Quarterly
e-KHIE HL7. Medication records	1.0	B	Must send medication history on all patient encounters.	Quarterly
Use of Electronic Prescriptions	.75	B	Must electronically access member benefit information for eligibility, formulary, and medication history a minimum of 90 times per quarter.	Quarterly

Metric	%	Group	Description	Qualifying Period
Generic Utilization Rate	.75	B	Minimum generic prescribing of 75 percent (for all BCBSKS members with a prescription drug benefit).	Quarterly
Cover My Meds (electronic prior authorization)	2.5	B	Use Cover My Meds (CMM) prior authorization requests for drugs requiring prior authorization. CMM electronic prior authorizations must be at least 60 percent of all drug prior authorizations.	Quarterly
Specialty Pharmacy	3.0	B	Prescriber must have at least three specialty pharmacy prescriptions (per quarter) and at least 50 percent of all specialty pharmacy prescriptions must be filled through Prime Specialty Pharmacy.	Quarterly
Diabetes Recognition Program	.75	C	Provider must be recognized as participating in the NCQA Diabetes Recognition Program.	Monthly
PCMH Recognition (a OR b) — a. Level 1 or Level 2 **OR**	.75	C	Provider must achieve NCQA and/or URAC Patient Centered Medical Home recognition Level 1 or Level 2.	Monthly
PCMH Recognition — b. Level 3	1.75	C	Provider must achieve NCQA and/or URAC Patient Centered Medical Home recognition — Level 3. *If a provider qualifies, they cannot also receive PCMH Level 1 or 2 incentive.	Monthly
NCQA Heart Stroke Recognition Program	.75	C	Provider must be recognized as participating in the NCQA Heart/Stroke Recognition Program.	Monthly
Immunization for Adolescents Tdap	.75	C	The percentage of adolescents 13 years of age (turned age 13 in the measurement period) who had a Tdap vaccine by their 13th birthday. Must be greater than or equal to 70 percent to meet the metric, calculated at the provider group level for all eligible providers having at least one attributed/eligible patient for Tdap.	Semi-annual
Breast Cancer Screening	.75	C	The percentage of women 50 to 74 years of age (52 to 74 as of the end of the measurement period) who had a mammogram anytime in the past two years. Must be greater than or equal to 70 percent to meet the metric, calculated at the provider group level for all eligible providers having at least one attributed/eligible patient for breast cancer screening. **Note —** OB-GYN and Geriatrician providers can qualify as well.	Semi-annual
Childhood Immunization MMR	.75	C	The percentage of children 2 years of age who had one Measles, Mumps, and Rubella vaccine by their second birthday (turned age 2 in the measurement period). Must be greater than or equal to 60 percent to meet the metric, calculated at the provider group level for all eligible providers having at least one attributed/eligible patient for MMR.	Semi-annual

Metric	%	Group	Description	Qualifying Period
Appropriate Testing for Children with Pharyngitis (New)	1.0	C	The percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e. appropriate testing). Must be greater than or equal to 70 percent to meet the metric, calculated at the provider group level for all eligible providers having at least one attributed/eligible patient. **Note —** Providers who prescribe an antibiotic within three days of the date of service for a strep test will count positively toward the 70 percent benchmark.	Semi-annual
Appropriate Treatment for Children with Upper Respiratory Infection (New)	1.0	C	The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription. Must be greater than or equal to 85 percent to meet the metric, calculated at the provider group level for all eligible providers having at least one attributed/eligible patient. **Note —** Providers who diagnose a child patient with an upper respiratory infection and prescribe an antibiotic within three days of the date of service will count negatively toward the 85 percent benchmark.	Semi-annual
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (New)	1.0	D	The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. Must be greater than or equal to 50 percent to meet the metric, calculated at the provider group level for all eligible providers having at least one attributed/eligible patient. **Note —** Providers who diagnose an adult patient with acute bronchitis and prescribe an antibiotic within three days of the date of service will count negatively toward the 50 percent benchmark.	Semi-annual
Monitoring Patients on Persistent Medications (New)	1.0	D	The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent (ACE Inhibitors or ARB's, Digoxin, Diuretics) and also had at least one applicable lab test in the measurement period. Must be greater than or equal to 85 percent to meet the metric, calculated at the provider group level for all eligible providers having at least one attributed/eligible patient. **Note —** For **ACE Inhibitors or ARBs**, a lab panel test (80047, 80048, 80050, 80053, 80069) *OR* serum potassium test (80051, 84132) *and* serum creatinine test (82565, 82575) must occur within the measurement year. For **Digoxin**, a lab panel test (80047, 80048, 80050, 80053, 80069) *and* a serum digoxin test (80162) *OR* serum potassium test (80051, 84132) *and* serum creatinine test (82565, 82575) *and* a serum digoxin test (80162) must occur within measurement year. For **Diuretics**, a lab panel test (80047, 80048, 80050, 80053, 80069) *OR* a serum potassium test (80051, 84132) *and* a serum creatinine test (82565, 82575) must occur during the measurement year.	Semi-annual

Choosing Wisely — *An initiative of the ABIM Foundation*

Avoid prescribing antibiotics for upper respiratory infections

The majority of acute upper respiratory infections (URIs) are viral in etiology and the use of antibiotic treatment is ineffective, inappropriate and potentially harmful. However, proven infection by Group A Streptococcal disease (Strep throat) and pertussis (whooping cough) should be treated with antibiotic therapy. Symptomatic treatment for URIs should be directed to maximize relief of the most prominent symptom(s). It is important that health care providers have a dialogue with their patients and provide education about the consequences of misusing antibiotics in viral infections, which may lead to increased costs, antimicrobial resistance and adverse effects.

As the nation increasingly focuses on ways to provide safer, higher-quality care, the overuse of health care resources is a concern. Many experts agree health care delivered in the U.S. is too wasteful, with some stating that as much as 30 percent of care is duplicative or unnecessary.

It is urgent that physicians and patients work together and have conversations about wise treatment decisions.

Choosing Wisely is part of a multi-year effort to help physicians be better stewards of finite health care resources. The Infectious Diseases Society of America (IDSA) contributed the above item.

For more information on the initiative, visit www.choosingwisely.org. For more information on the IDSA, visit www.idsociety.org. For more information on the ABIM Foundation, visit www.abimfoundation.org.

Quality-Based Reimbursement Program

Qualifying periods for certain incentives

QUALIFYING FOR USE OF ELECTRONIC PRESCRIPTIONS, GENERIC UTILIZATION RATE, COVER MY MEDS, AND SPECIALTY PHARMACY INCENTIVES ...

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

Qualifying Period:	Incentive begins:
Sept. 1 - Nov. 30, 2016	Jan. 1, 2017
Dec. 1 2016 - Feb. 28, 2017	April 1, 2017
March 1 - May 31, 2017	July 1, 2017
June 1 - Aug. 31, 2017	Oct. 1, 2017

QUALIFYING FOR KHIE AND ELECTRONIC SELF-SERVICE INCENTIVES ...

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

Qualifying Period:	Incentive begins:
Aug. 1 - Oct. 31, 2016	Jan. 1, 2017
Nov. 1, 2016 - Jan. 31, 2017	March 1, 2017
Feb. 1 - April 30, 2017	June 1, 2017
May 1 - July 31, 2017	Sept. 1, 2017
Aug. 1 - Oct. 31, 2017	Dec. 1, 2017

QUALIFYING FOR PROVIDER PORTAL INCENTIVES ...

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

Qualifying Period:	Incentive begins:
Sept. 1 - Nov. 30, 2016	Jan. 1, 2017
Dec. 1, 2016 - May 31, 2017	July 1, 2017

Quick tips: Using KHIE for Group B providers

Prescribing providers need to log in and query KHIE — Through a Kansas Department of Health and Environment-approved health information organization (HIO), each provider must inquire at least 60 times per quarter. The authorized HIOs in Kansas are Kansas Health Information Network (KHIN) and Lewis and Clark Information Exchange (LACIE).

Group vs. Individual reporting based on EMR — Provider groups with EMRs that only report by Tax ID must meet an aggregate of 60 inquires multiplied by the number of prescribing providers in the group. If the query to the exchange is performed within the EMR or if a group **requests in advance** to report in aggregate, all patient queries of KHIE will be counted and reported to BCBSKS in aggregate.

Groups requesting the aggregate method — The group must request this method in advance. Once this method has been requested, group reporting will be in effect through 2017. Once aggregate reporting has been requested, a delegated staff member may log in using their own name and password. The query will be attributed to the prescribing provider group in order to achieve the query threshold (number of prescribing providers multiplied by 60), and either all providers will qualify or none will qualify.

Aggregate requests dates

Groups wanting to report by the aggregate method must submit requests to BCBSKS in writing according to the following table:

Request for Aggregate Reporting by:	Aggregate Incentive Reporting begins:
Nov. 1, 2016	Jan. 1, 2017
Feb. 1, 2017	March 1, 2017
May 1, 2017	June 1, 2017
Aug. 1, 2017	Sept. 1, 2017
Nov. 1, 2017	Dec. 1, 2017

Notifying BCBSKS if reporting at group level rather than individual — Send your request in an email to 2017.QBRP.Confirmations@bcbsks.com. Include group name, tax ID and billing NPI. All prescribing providers within the group who also have established user names with their KHIE organization will be qualified to receive the QBRP incentive if the group meets the required number of queries.

No action necessary for groups already reporting by the aggregate method — Groups signed up to report as aggregate in 2016 will continue as such until BCBSKS is notified of the request to return to individual reporting.

Patient queries do not have to be BCBSKS members — All patient queries qualify. The intent of the incentive is to promote use of the exchange.

A query is a query, regardless of whether information is available — A query still counts toward the incentive even when there is little or no information.

Multiple queries on the same patient on different dates are acceptable — Patient information may change.

The patient does not have to be a hospital or clinic patient — Any patient is eligible as long as the provider has a professional relationship with the patient and reason to query.

Your rep is here to help — For help with QBRP related to KHIE, contact your professional relations representative or provider network services in Topeka at (785) 291-4135 or (800) 432-3587.

Accurate: BCBSKS looking to providers for data that is up to date

*Continued from page **1***

numbers, and if a provider is accepting new patients. Provider data elements made public in the provider network directories have come under scrutiny, with CMS placing data validation processes on health plans with Medicare Advantage programs and those selling products on the Marketplace.

BCBSKS concurs with CMS that the provider is the source of truth to the data health plans have on file for the provider. Therefore, BCBSKS is looking to the providers to communicate updates to their directory data as soon as a change is known. BCBSKS has introduced the Provider Portal, an enhanced section of BlueAccess, to display directory data elements and allow providers to submit updates at any time.

Using the Provider Portal

Blue Cross and Blue Shield of Kansas (BCBSKS) is introducing a portal for providers to verify and submit changes to their information online.

Using the portal to verify provider data is accurate is a new Quality-Based Reimbursement Program measure for 2017. **Please note that the semi-annual attestation for QBRP does not replace the need to notify BCBSKS of any change occuring throughout the year.**

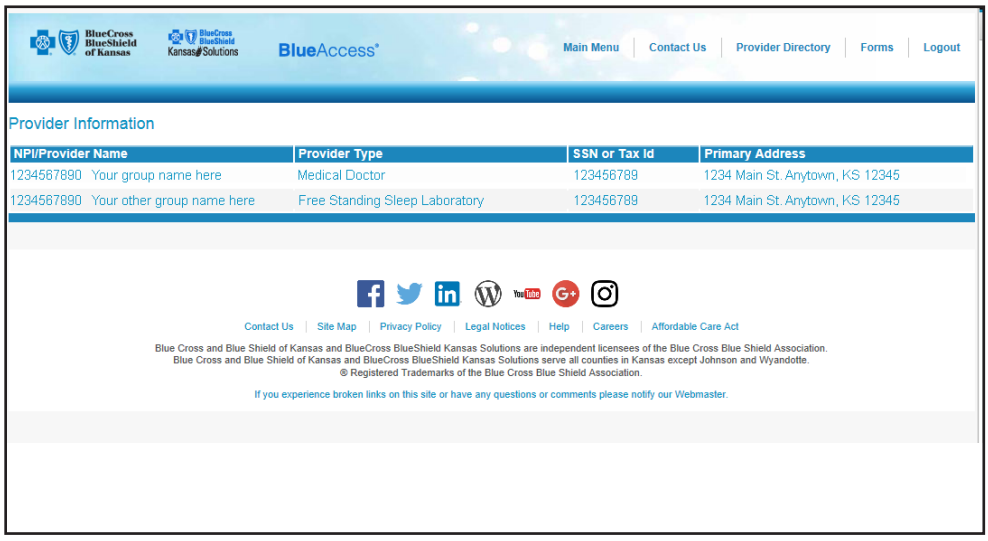
Below are detailed instructions on how to use the portal. The portal is accessible by signing on to Availity and using BlueAccess. For more information on using Availity, see newsletters S-7-13 and S-2-15.

***Please note** — By attesting, you agree with the data represented or have made appropriate changes accordingly. Any inaccurate or inappropriate attestation submitted may result in forfeiture of QBRP, including adjustments of previously processed claims.*

1. CHOOSE PROVIDER INFORMATION FROM WELCOME SCREEN

On the BlueAccess Welcome screen, choose Provider Information under the Services heading in the column on the left.

2. CHOOSE THE RECORD TO VERIFY/UPDATE



Groups, ancillary, and solo providers will see this screen if more than one location within a single NPI exists. Select the location for verification. **Each location must be verified.**

Groups with only one location will be taken directly to No. 3 on page 9.

Solo providers will be taken to No. 5 on page 10.

3. PROVIDER DATA ACCURACY ATTESTATION (PDA)

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

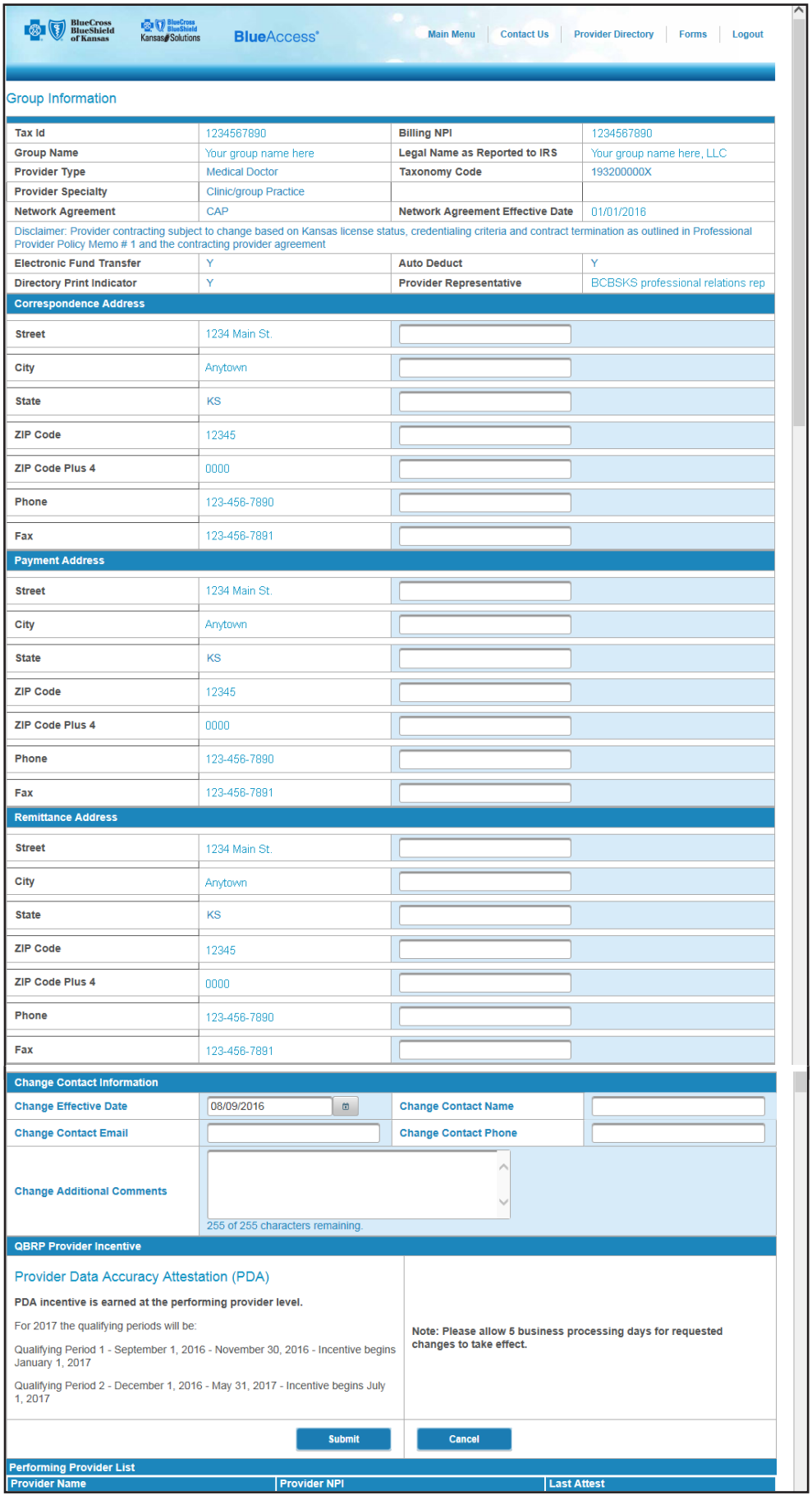
Once the information is verified or updated, hit the Submit button toward the bottom of the screen to save the information.

Notice above the Submit button the sentence in bold: **PDA 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, their NPI, and the date their information was last attested will be below the group information and attestation (see No. 4 on page 10 for continuation of this screen).

Note — *Ancillary providers will see this screen along with the screen in No. 7 on page 11. Screens for Ancillary providers will have a few differences, including a Board Certification field and the heading Ancillary Provider replacing Group Information.*

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.*



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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	CAP	Network Agreement Effective Date	01/01/2016
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.
City	Anytown
State	KS
ZIP Code	12345
ZIP Code Plus 4	0000
Phone	123-456-7890
Fax	123-456-7891

Payment Address	
Street	1234 Main St.
City	Anytown
State	KS
ZIP Code	12345
ZIP Code Plus 4	0000
Phone	123-456-7890
Fax	123-456-7891

Remittance Address	
Street	1234 Main St.
City	Anytown
State	KS
ZIP Code	12345
ZIP Code Plus 4	0000
Phone	123-456-7890
Fax	123-456-7891

Change Contact Information

Change Effective Date	08/09/2016	Change Contact Name	
Change Contact Email		Change Contact Phone	
Change Additional Comments	255 of 255 characters remaining.		

QBRP Provider Incentive

Provider Data Accuracy Attestation (PDA)

PDA incentive is earned at the performing provider level.

For 2017 the qualifying periods will be:

Qualifying Period 1 - September 1, 2016 - November 30, 2016 - Incentive begins January 1, 2017

Qualifying Period 2 - December 1, 2016 - May 31, 2017 - Incentive begins July 1, 2017

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

Submit | Cancel

Performing Provider List

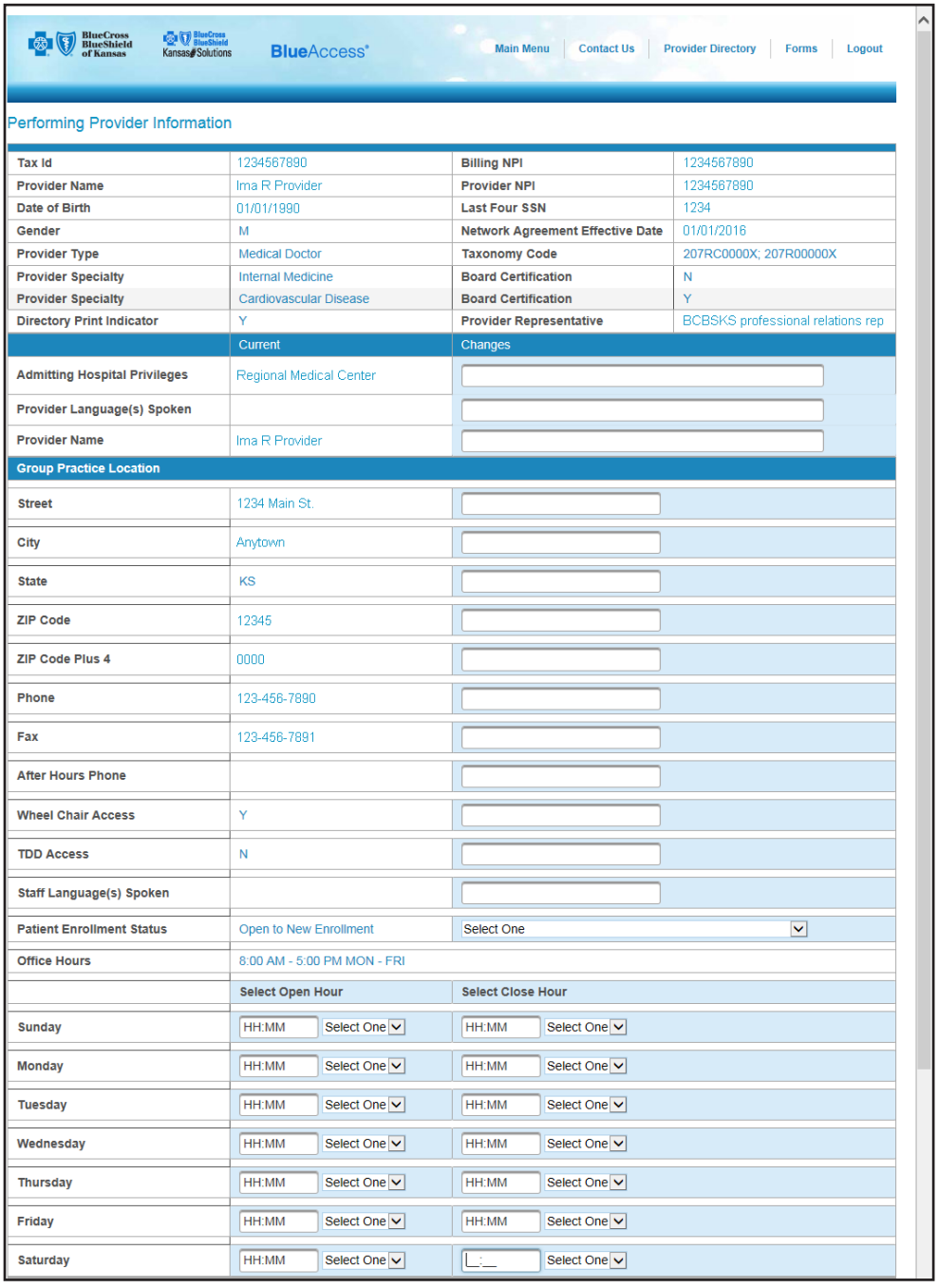
Provider Name	Provider NPI	Last Attest

4. CHOOSE A PERFORMING PROVIDER WITHIN A GROUP TO VERIFY

Providers within a group will be listed as shown at right. Click on the individual provider to verify, update and attest to their data.

Performing Provider List		
Provider Name	**Provider NPI**	**Last Attest**
Ima R Provider	1234567890	07/29/2016
Ima J Provider	2345678901	07/25/2016
Ima T Provider	3456789012	08/09/2016
Ima B Provider	4567890123	07/11/2016

5. VERIFY/UPDATE PERFORMING PROVIDER INFORMATION



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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	01/01/2016
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	
Provider Language(s) Spoken		
Provider Name	Ima R Provider	
Group Practice Location		
Street	1234 Main St.	
City	Anytown	
State	KS	
ZIP Code	12345	
ZIP Code Plus 4	0000	
Phone	123-456-7890	
Fax	123-456-7891	
After Hours Phone		
Wheel Chair Access	Y	
TDD Access	N	
Staff Language(s) Spoken		
Patient Enrollment Status	Open to New Enrollment	Select One
Office Hours	8:00 AM - 5:00 PM MON - FRI	

	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

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. 6 on page 11.

Note — *Screens for solo providers will have more information to verify, including Correspondence, Payment, and Remittance addresses from No. 3 on page 9.*

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.*

6. VERIFY/UPDATE PERFORMING PROVIDER INFORMATION (CONTINUED)

A continuation of the screen on page 10, the screen at right shows which QBRP incentives the provider has qualified, the date, and the date the incentive terminated, if applicable.

Contact information may be updated along with a place to make additional comments.

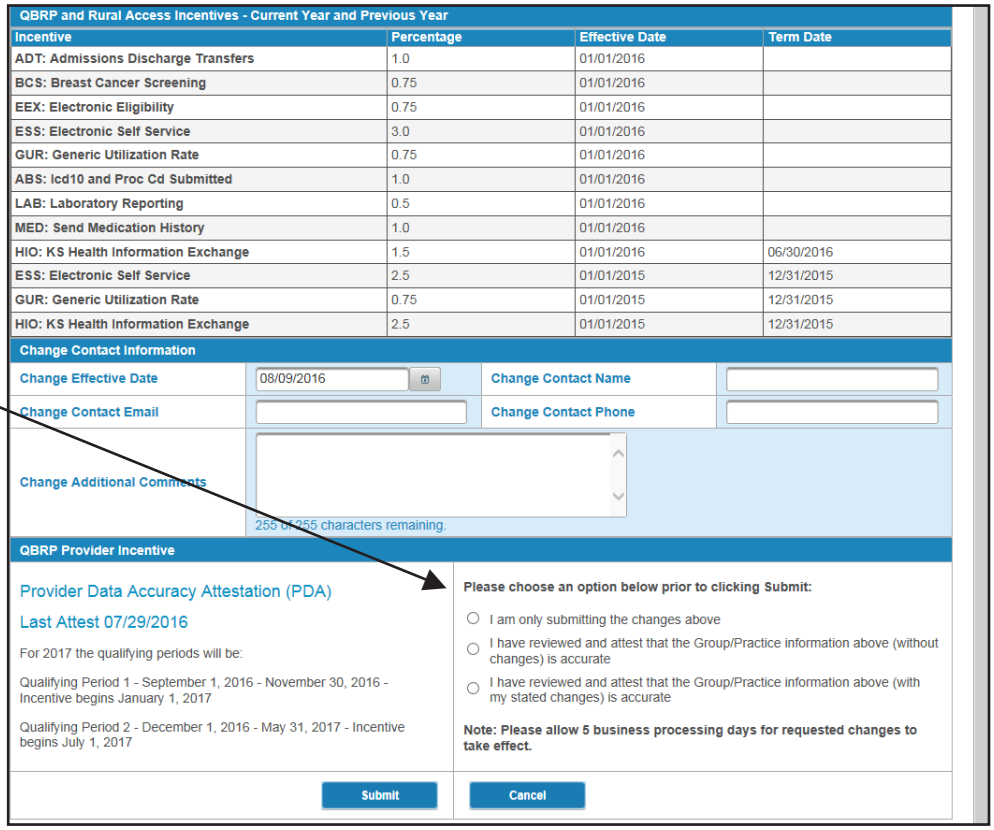
Notice the three options at right to choose before clicking the Submit button.

The first option is for submitting changes anytime throughout the year. This option isn't for attestation, only to make changes to data.

The second option is to attest without changes being made.

The third option is to attest with changes made.

Once an option is selected, hit the Submit button to finish.



QBRP and Rural Access Incentives - Current Year and Previous Year

Incentive	Percentage	Effective Date	Term Date
ADT: Admissions Discharge Transfers	1.0	01/01/2016	
BCS: Breast Cancer Screening	0.75	01/01/2016	
EEX: Electronic Eligibility	0.75	01/01/2016	
ESS: Electronic Self Service	3.0	01/01/2016	
GUR: Generic Utilization Rate	0.75	01/01/2016	
ABS: Icd10 and Proc Cd Submitted	1.0	01/01/2016	
LAB: Laboratory Reporting	0.5	01/01/2016	
MED: Send Medication History	1.0	01/01/2016	
HIO: KS Health Information Exchange	1.5	01/01/2016	06/30/2016
ESS: Electronic Self Service	2.5	01/01/2015	12/31/2015
GUR: Generic Utilization Rate	0.75	01/01/2015	12/31/2015
HIO: KS Health Information Exchange	2.5	01/01/2015	12/31/2015

Change Contact Information

Change Effective Date: 08/09/2016 | Change Contact Name:
Change Contact Email: | Change Contact Phone:
Change Additional Comments:
255 of 255 characters remaining.

QBRP Provider Incentive

Provider Data Accuracy Attestation (PDA)

Last Attest 07/29/2016

For 2017 the qualifying periods will be:

Qualifying Period 1 - September 1, 2016 - November 30, 2016 - Incentive begins January 1, 2017

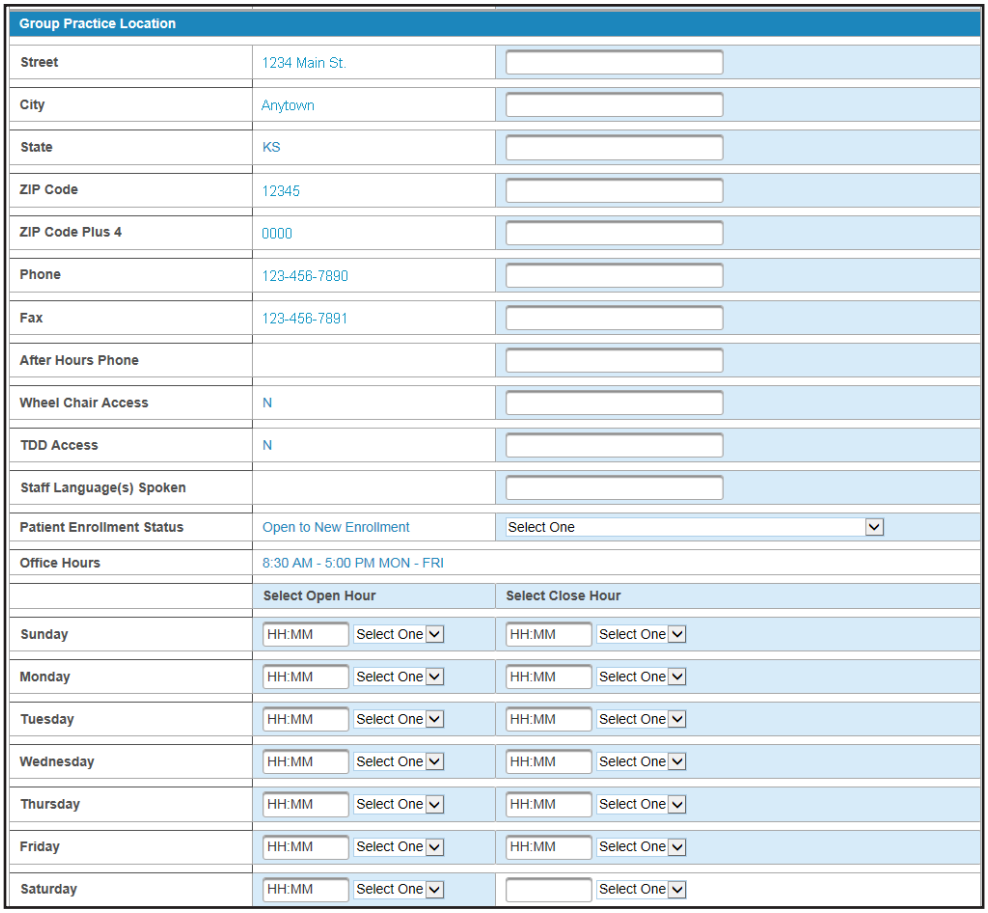
Qualifying Period 2 - December 1, 2016 - May 31, 2017 - Incentive begins July 1, 2017

Please choose an option below prior to clicking Submit:

- I am only submitting the changes above
- I have reviewed and attest that the Group/Practice information above (without changes) is accurate
- I have reviewed and attest that the Group/Practice information above (with my stated changes) is accurate

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

Submit | Cancel



Group Practice Location

Street	1234 Main St.	
City	Anytown	
State	KS	
ZIP Code	12345	
ZIP Code Plus 4	0000	
Phone	123-456-7890	
Fax	123-456-7891	
After Hours Phone		
Wheel Chair Access	N	
TDD Access	N	
Staff Language(s) Spoken		
Patient Enrollment Status	Open to New Enrollment	Select One
Office Hours	8:30 AM - 5:00 PM MON - FRI	

	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	Select One

7. ADDITIONAL SECTION FOR ANCILLARY PROVIDERS

The ancillary providers screen is the same as the Group Information screen, with the exception of the header reading "Ancillary Information" and this section.

The Group Practice Location section falls between the Remittance Address and Change Contact Information sections from the Group Information screen, No. 3 on page 9.

BCBSKS contacting members urging them to see PCP

In an effort to close gaps in care for specific patients, Blue Cross and Blue Shield of Kansas (BCBSKS) will be contacting members with chronic conditions encouraging them to see their Primary Care Physician (PCP). The contact will be done via text message or phone call with messaging instructing the member to contact their PCP for an appointment.

For additional information, contact your professional relations representative.

Web Changes — Medical Policy

Since the publication of Professional Provider Report S-2-16, the following new or revised medical policies have been posted to our website at: http://www.bcbsks.com/CustomerService/Providers/MedicalPolicies/policies.shtml

- Alcohol Injection Therapy for Morton's Neuroma
- Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry
- Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening
- Antidepressant Agents
- Artificial Intervertebral Disc: Lumbar Spine
- Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer
- Axial Lumbosacral Interbody Fusion
- Benlysta® (belimumab)
- Biologic Immunomodulators Therapy (Pharmacy Benefit Only)
- Biologic Immunomodulators Therapy (Pharmacy Benefit Only)
- Bone Mineral Density Studies
- Botulinum Toxin (BT)
- Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting
- Cardiovascular Magnetic Resonance (CMR)
- Catheter Ablation as Treatment for Atrial Fibrillation
- Chelation Therapy for Off-Label Uses
- Cochlear Implant
- Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid
- Continuous Passive Motion in the Home Setting
- Contrast-Enhanced Computed Tomography Angiography (CTA) for Coronary Artery Evaluation
- Denosumab (Prolia and Xgeva)
- Drug Testing in Pain Management and Substance Abuse Treatment
- Dry Needling of Myofascial Trigger Points
- Electrical Stimulation Devices for Home Use
- Extracorporeal Shock Wave Therapy (ESWT) for Plantar Fasciitis and Other Musculoskeletal Conditions
- Extracranial Carotid Artery Stenting
- Eye Movement Desensitization and Reprocessing (EMDR) for Acute Stress Disorder and Post Traumatic Stress Disorder (PTSD)
- Gene Expression Profiling for Uveal Melanoma
- Genetic Cancer Susceptibility Panels Using Next Generation Sequencing
- Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes
- Hepatitis B / Oncology and Hepatitis C First Generation Agents
- Hepatitis C - Sovaldi and Daklinza - Through Preferred Agent(s)
- Hepatitis C Second Generation Antivirals Through Preferred Oral Agent(s)
- Home Prothrombin Time Monitoring
- Identification of Periodontal Microorganisms (Availity login required)
- Implantable Bone-Conduction and Bone-Anchored Hearing Aids
- Interspinous and Interlaminar Stabilization / Distraction Devices (Spacers)
- Intra-Articular Hyaluronan Injections for Osteoarthritis
- KRAS, NRAS, and BRAF Mutation Analysis in Metastatic Colorectal Cancer
- LASIK (laser assisted in situ keratomileusis)
- Low-Level Laser Therapy
- Lumbar Spinal Fusion
- Lysosomal Storage Disorders
- Miscellaneous Genetic and Molecular Diagnostic Tests
- Monitored Anesthesia Care
- New to Market Drugs (Including: Ocaliva (obeticholic acid)
- Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease
- Orthopedic Applications of Platelet-Rich Plasma
- Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders
- Outpatient Pulmonary Rehabilitation
- Panniculectomy and Abdominoplasty
- PathFinderTGÂ® Molecular Testing
- Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation
- Prophylactic Mastectomy
- Proprotein Convertase Subtilisin/kexin type 9 (PCSK9) Inhibitors
- Scanning Computerized Ophthalmic Diagnostic Imaging Devices
- Self Administered Oncology Agents
- Spinal Cord Stimulation
- Synagis (palivizumab)
- Temporomandibular Joint (TMJ) Dysfunction
- Temporomandibular Joint (TMJ) Dysfunction (Availity login required)
- Total Artificial Hearts and Implantable Ventricular Assist Devices
- Transtympanic Micropressure Applications as a Treatment of Meniere's Disease
- Treatment of Tinnitus
- Ultrafiltration in Heart Failure
- Wearable Cardioverter Defibrillators