

COVID-19 Updates

Blue Cross and Blue Shield of Kansas City (Blue KC) sincerely thanks all healthcare providers who are on the frontlines fighting the COVID-19 outbreak, protecting the health and well-being of our community and treating the sick.

Last month, Blue KC updated its coverage policies after the renewal of the COVID-19 national public health emergency (PHE) declaration. Due to this PHE change, Blue KC extended the end date for several COVID-19 related policies through December 31, 2021. Click [here](#) for more details.

Please continue to visit the home page at Providers.BlueKC.com using your login user ID and password for the most up-to-date information about policies, coding, billing, and other operational details related to COVID-19. Thank you again for your partnership in providing quality care to our members.

COVID-19 VACCINE S.A.F.E. SERIES. In our efforts to promote the COVID-19 vaccine, Blue KC expanded the COVID-19 Vaccine S.A.F.E. Series to address the impact of COVID-19 on children and emphasize the health benefits of eligible children receiving the vaccine.

The new content to the S.A.F.E. series includes four factual, educational segments with doctors from Children's Mercy Kansas City, a COVID-19 Vaccine Pediatric Trial Family, adolescents and school employees showing how the COVID-19 vaccine is not only Safe, but also Simple, Accessible, Free and Easy.

The interviews feature Children's Mercy Kansas City Director for the Division of Infectious Diseases Dr. Angela Myers and former Children's Mercy Kansas City Director of Pediatric Infectious Diseases Research Dr. Barbara Pahud. [Click here](#) to watch.

Behavioral Health

ZERO REASONS WHY. During National Suicide Prevention Month in September, Blue KC announced a partnership with the teen-led campaign [#ZeroReasonsWhy](#) to make the campaign available to additional schools in the Kansas City Metropolitan area through funding and sponsorship.



Kansas City



#ZeroReasonsWhy is a community mobilization and storytelling campaign working to prevent teen suicide by driving conversations that remove the stigma around mental health struggles. Suicide is the second leading cause of death among people ages 10-24 and rates have increased every year since 2007.

"We want to provide tangible solutions to help our school district partners with this ever-growing need," said Blue KC Senior Vice President and Chief Marketing Officer Jenny Housley. "We won't be able to truly address this problem until we can have open, honest and candid conversations about the things that we all struggle with but are afraid to talk about."

Click [here](#) to learn more about Blue KC's partnership with #ZeroReasonsWhy.

BLUESPEAK

WHAT'S NEW FROM BLUE



SHUT OUT THE STIGMA. In a partnership between Blue KC, the “Official Health Insurance Provider of the Kansas City Royals,” and the Royals, the [Shut Out the Stigma](#) campaign provides support to community-based behavioral health organizations each time the Kansas City Royals win in a shutout.

Following the Royals’ shutout victories on July 29, Sept. 5 and Sept. 9, Blue KC donated \$10,000 to each of the following organizations:

[First Call](#) – Founded in 1958, First Call provides clinical, educational and prevention services to individuals and families in Greater Kansas City impacted by substance use disorders.

[Carl’s Cause](#) – An organization dedicated to changing the future of mental health by combating stigma, creating awareness and connecting people to resources.

[Pathway to Hope](#) – An organization offering peer support to people suffering from mental illness.



QUEENS OF THE DIAMOND. Batter up! Blue KC recently served as presenting sponsor for the fourth annual Queens of the Diamond charity softball tournament at the Kansas City MLB Urban Youth Academy (KCUYA). Proceeds from the event netted \$200,000 and will support girls’ softball, academic enrichment and mental health programming at the KCUYA.

Hosted by Royals Charities, the fundraiser featured 22 teams of Kansas City women leaders from local businesses and organizations, such as The University of Kansas Health System, CommunityAmerica Credit Union, Price Chopper and Blue KC.



Kansas City Royals legends George Brett, Alex Gordon, John Wathan and Dennis Leonard were among a group of former players who coached the teams. Blue KC Senior Vice President and Chief Marketing Officer Jenny Housley served as the event chairwoman. Click [here](#) to watch a video recap of the event.

Light the Night

Bring light to the darkness of cancer. That's what Light the Night is all about. Blue KC Senior Vice President and Chief Medical Officer Dr. Greg Sweat will serve as co-chair of The Leukemia & Lymphoma Society's (LLS) annual Kansas City Light the Night event that is occurring virtually on Saturday, October 2.



Light the Night is a national fundraising campaign benefiting LLS and research to find blood cancer cures. The mission of LLS is to cure leukemia, lymphoma, Hodgkin's disease and myeloma and improve the quality of life of patients and their families. The walk brings communities together to honor those who are fighting the disease and to remember those who have been lost to cancer.

Blue KC is proud to sponsor this year's event. To learn more, click [here](#).

Two Government Mandates That Impact You

The goal of the Government Mandates is to break down barriers in the nation's health system in an effort to provide your patients with cost transparency and protections against surprise billing. Blue KC is committed to complying with all requirements under the Consolidated Appropriations Act (CAA) and Transparency in Coverage Rule (TCR).

Significant CAA requirements must be implemented in good faith by Jan 1, 2022, regardless of clarity and outstanding guidance from regulators. Below is an overview:

<p>Surprise Billing</p>	<ul style="list-style-type: none"> • Protects members who unknowingly get care from nonparticipating providers at participating facilities. • Surprise billing claims will be covered at In-Network benefits, and the allowable for out of network providers or facilities will be based on a mandated Qualifying Payment Amount (QPA). • Health plans/issuers are required to provide public disclosures on surprise billing and must also include them on all applicable EOBs. • Providers and health care facilities must also publicly disclose certain information about the surprise billing mandate.
<p>ID Card Deductible and Out of Pocket</p>	<ul style="list-style-type: none"> • Blue KC will be adding the patient's major medical deductible and applicable medical out of pocket maximums to member ID cards. A QR code will also be added to member ID cards.

<p>(OOP) Limitations</p>	<ul style="list-style-type: none"> • It is possible that patients may ask you to scan their QR code at the office. You can assist if your office is set up to do so, or simply let them know you can look up their benefits in the provider portal or by calling the provider hotline at 816-395-3929. • FEP maintains its own cards and will not be using the QR codes.
<p>Provide a Cost Sharing Estimate and Price Comparison Tool</p>	<ul style="list-style-type: none"> • Enrolled individuals will be able to receive price comparison guidance either by telephone or via our online cost tool. • Enrollees will have access to the cost-sharing they'll be responsible to pay under their plan with respect to items or services furnished by participating providers within the geographic area of coverage. • For Q1 2022, pricing and cost share calculations will be based on treatment category level data.
<p>Provider Directory Accuracy</p>	<ul style="list-style-type: none"> • Provider directory information will be verified and updated through attestation process once every quarter. • If providers do not attest, they must be dropped from the provider directory. • Local and National provider directories will be updated within 48 hours of receipt and confirmation of updated provider information. • Provider's digital contact information (e.g., website URL) will be available in the provider directory when supplied. • Member calls inquiring about a provider's network status will be stored a minimum of two years.

Medical Policy Updates

The most up-to-date Medical Policy can be found [here](#). While on that web page, you can also find a link to view Milliman Care Guidelines (MCG), which complement our Blue KC policies.

The Blue KC Medical Policy encompasses internal Blue KC Medical Policy, Blue Cross Blue Shield Association derived Medical Policy and policies adopted from our vendor partners, such as Avalon (APEA), MCG and EviCore.

<p>New Blue KC Policy</p>	
<p>Effective date – 9/1/2021</p>	<p>3.03.03 Digital Health Therapies for Attention Deficit/Hyperactivity Disorder</p> <ul style="list-style-type: none"> ○ New Association Policy; considered Investigational

Pharmacy Policy Updates

Four new Pharmacy Policies were effective Sept. 1, 2021 and require prior authorization.

5.01.755 Carbaglu (carglumic acid) <ul style="list-style-type: none">○ Indication based policy for adjunct treatment of N-acetylglutamate synthase (NAGS) deficiency, propionic acidemia (PA) or methylmalonic acidemia (MMA); Oral; Specialty pharmacy benefit.
5.01.760 Tepmetko (tepotinib) <ul style="list-style-type: none">○ Indication based policy for NSCLC; Oral; Specialty pharmacy benefit.
5.01.761 Ukoniq (umbralisib) <ul style="list-style-type: none">○ Indication based policy for Marginal Zone Lymphoma and Follicular Lymphoma; Oral; Specialty pharmacy benefit.
5.01.762 Eysuvis (loteprednol etabonate) <ul style="list-style-type: none">○ Indication based policy for dry eye disease; Ophth susp; Pharmacy benefit.

Optum Home Delivery Update

Blue KC has an update that will impact how a physician writes a prescription using Optum Home Delivery. Currently, there is no minimum for the amount of days supply a physician can write a script for Optum Home Delivery.

Effective October 1, 2021, a new policy will limit the minimum day supply allowed at Optum Home Delivery to 35. This means any script with a supply of 34 days or less that a provider is currently sending to Optum Home Delivery will reject and require prior authorization for approval. This policy change impacts your patients enrolled in our Commercial plans and Affordable Care Act (ACA) Qualified Health Plans (QHP) for Individual, Family and Small Group.

If your patient is using a medicine with a supply of 34 days or less, you should send the medication to the patient's local retail pharmacy.

Payment Policy Update

Blue KC updated its modifier payment policy by adding GN, GO, and GP therapy modifiers.

The Centers for Medicare and Medicaid Services (CMS) states that certain codes are "Always Therapy" services no matter who performs them and always require a therapy modifier (GP, GO, or GN) to show they are provided under a physical therapy, occupational therapy or speech-language pathology plan of

care. "Always Therapy" modifiers are necessary to provide accurate reimbursement for each distinct type of therapy in accordance with member group benefits.

To view the updated modifier payment policy, click [here](#).

Advanced Practice Provider Credentialing

In order to comply with CMS, Blue KC has updated our provider credentialing policies for all lines of business.

All Advanced Practice Providers (APPs), which were previously called Mid-Level Practitioners, must be credentialed with Blue KC by January 1, 2022. APPs include, but are not limited to:

Nurse Practitioners	Clinical Nurse Specialists
Nurse Midwives	Physician Assistants
Nurse Anesthetists	Anesthesiologist Assistants

To meet the January 1, 2022 deadline, APPs should apply for credentialing between now and November 1, 2021 by clicking [here](#).

After updating your credentialing information at the Council for Affordable Quality Healthcare (CAQH) website, please fill out the Blue KC Credentialing Application form at [this link](#). Applications can be emailed to Providercredentialingandcontracting@BlueKC.com or mailed to:

Blue Cross and Blue Shield of Kansas City
Attention: Provider Credentialing
2301 Main Street
Kansas City, Missouri 64108

- We now require credentialing for all APPs who provide and bill for professional services in practice settings, including, but not limited to:
 - Clinics (Primary Care and/or Specialist)
 - Retail Health Clinic
 - Urgent Care Facilities
 - Walk-in Clinics
- The new credentialing requirement does not apply to hospital-based providers.
- The APPs information in our system must match what is in the National Plan & Provider Enumeration System (NPPES), or claims may be denied.

- With this update, we will no longer allow incident-to-billing for APPs. We will reimburse APPs at 85 percent of the physician fee schedule. **Note:** For Nurse Anesthetists, we will reimburse at 100 percent of the physician fee schedule for all American Society of Anesthesiologists (ASA) CPT codes and 85 percent of the Medicare Physician Fee Schedule (MPFS) on the non-ASA CPT codes.
- For additional information regarding reimbursement for APPs, click [here](#).
- Once you receive your credentialing approval letter, look to see the effective date for when your credentialing begins. You should not submit claims prior to your credentialing start date.
- Please make sure we have your current roster and all the addresses of your clinics, so we know where your APPs are located. If your information changes after you send us your current roster, you will need to update us by emailing Provider_Data@BlueKC.com.
- As a reminder, if you are a contracted provider with Blue KC and provide services to our members, you also need to be credentialed with us.

Diagnostic Code Pointer Usage Update

The Administrative Services of Kansas (ASK) provided an update regarding the use of diagnostic code pointers. The following policy update became effective Sept. 21, 2021:

- ASK will validate diagnosis code pointer usage to ensure the correct number of pointers are used based on the number of diagnosis codes submitted on a claim.
- If the number of pointers used does not align with the number of diagnosis codes submitted, the claim will be rejected.

2022 ACA Changes

Updates are on the way for your patients with Affordable Care Act (ACA) Qualified Health Plans (QHP) for Individual, Family and Small Group. Here are highlights for the changes that are effective Jan. 1, 2022:

Network disruption in rural areas: Moving from RxPremier to RxSelect
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Gold and Silver Plans will now have Co-Pays for Network Visit, Urgent Care and Specialist Visit instead of deductible/co-insurance.

Three Blue KC Choice Exclusive Provider Organization (EPO) Plans have been introduced with lower deductibles for your patients meeting Income Thresholds.

BlueSelect and Blue Select Plus will now be available in Caldwell, Cass, Clay, Clinton, DeKalb, Jackson, Johnson, Johnson (KS), Lafayette, Platte, Ray and Wyandotte (KS) counties.

2022 Medicare Supplement Changes

The new year ahead brings some exciting updates for our Medicare Supplement Products. Here is a summary of the primary changes that are effective Jan. 1, 2022:

New A, F, G & N Plans under MVLH entity

- Existing members may stay in their old A, F, G and N plans, but they will not have the new services

New G & N Plans will include the following benefits

- Vision (using our network)
- Hearing (Nations Benefit – using their network)
- SilverSneakers – (offered through Tivity)
- PERS (Personal Emergency Response System) (Offered through Best Buy)
- Digital Balance Training Program – Offered through Nymbly

Helpful Tips for Claims Issues

Blue KC wants to make facilities and hospitals aware of the following claims issues:

- Observation
- Observation with ER
- Self-Administered Drugs and Biologicals

Helpful Tips:

- When outpatient observation services span more than one calendar day for revenue 0762 with codes G0378/G0379, the total accumulation of observation time for the entire period of observation must be included on a single line. Observation can only be billed once per claim.
- If you have an Observation with ER claim, make sure to include modifier 25.

- Drugs and biologicals furnished to outpatients for therapeutic purposes that are self-administered are not covered by Medicare. If those drugs and biologicals must be put directly into an item of durable medical equipment or a prosthetic device, the statute provides for such coverage.

All of these requirements are based on the Centers for Medicare and Medicaid Services (CMS).

Reminder: SNF Clinical Concurrent Review Form

Blue KC is pleased to announce our updated Skilled Nursing Facility (SNF) Clinical Concurrent Review Form now includes contact information, including fax numbers, for all lines of business.

Previously, contact information for your patients enrolled in Blue Medicare Advantage and Affordable Care Act (ACA) Qualified Health Plans (QHP) for Individual, Family and Small Group were not included on this form, so please note the separate fax and contact phone numbers for those lines of business. Please make sure you fax clinical documentation to the appropriate fax number that corresponds to your patient's health insurance plan.

- [Click here](#) for the updated SNF Clinical Concurrent Review Form on the provider portal.
- Please use the updated form, which now features a new contact section at the bottom of the last page for all lines of business, to help ensure your form is reviewed in a timely manner.
- For Commercial, Joint Administrative Account (JAA) and Federal Employees Program (FEP) post-acute, please contact:

Nicole Collins, RN, BSN at Nicole.Collins@BlueKC.com,
816-395-3036 (phone) or 816-995-1502 (fax)

- For Blue Medicare Advantage and Affordable Care Act (ACA) Qualified Health Plans (QHP) for Individual, Family and Small Group post-acute, please contact:

Paige Woodring, RN, BSN at Paige.Woodring@BlueKC.com,
816-395-2990 (phone) or 877-549-1745 (fax)

Reminder: Enhanced Paper Remittance Advice

This Fall, you should start receiving our newly redesigned Paper Remittance Advice. Only minor changes to the design are taking place.

The Paper Remittance Advice have been designed to be better streamlined and will include the same helpful information that you are accustomed to receiving. There will be no change to the Electronic Remittance Advice.

Reminder: Philips Respironics Voluntary Recall

Blue KC has been made aware of a voluntary recall that Philips Respironics has issued on specific brands of their Continuous Positive Airway Pressure (CPAP) machines, BiLevel Positive Airway Pressure (BiLevel PAP) machines and Ventilators manufactured prior to April 26, 2021.

- If your patient currently has a device on the recall list, the patient must register on the Philips website by going to [this link](#). You can also register on behalf of the patient. The website lists all the affected BiLevel PAP and CPAP sleep apnea devices and affected ventilators. Call 1-877-907-7508 if you cannot visit the website or do not have internet access.
- Philips needs to know who has the recalled units. Since Philips uses other vendors as their distributors, such as Apria and LinCare, they don't know who has the recalled units.
- If you have patients who are currently registered, Philips will determine how to address the issue by deciding to either replace or repair their machine. Philips is currently drop-shipping new units to registered customers. However, it's a first-in, first-out process, so it is imperative that your patients register with Philips as soon as they can.
- If your patients are sent a new unit, they have 60 days to send the recalled unit back to Philips to ensure there is no cost to them. This information is contained in the materials sent to them with the new equipment.
- [This website](#) also includes resources such as news articles, guidance and a link to the Philips website to register machines.
- Since there is a process with the manufacturer (Philips) to repair or replace affected devices, Philips is responsible for covering total cost of replacement or repair. No claims should be filed with insurance.
- There will be no customer financial responsibility provided your patients register their machine AND return the old one within the 60-day timeframe.
- Patients should not stop or alter their prescribed therapy until they have talked to their physician. Philips recognizes that alternate ventilator options for therapy may not exist or may be severely limited for patients who require a ventilator for life-sustaining therapy or in cases where therapy disruption is

unacceptable. In these situations, and at the discretion of the treating clinical team, the benefit of continued usage of these ventilator devices may outweigh the risks.

- If a patient's physician determines the patient must continue using this device, the patient should use an inline bacterial filter. Consult the "Instructions for Use" for guidance on installation.
- Philips Respironics has voluntarily recalled these devices due to two issues related to the polyester-based polyurethane (PE-PUR) sound abatement foam used in Philips Continuous and Non-Continuous Ventilators:
 - PE-PUR foam may degrade into particles which may enter the device's air pathway and be ingested or inhaled by the user.
 - PE-PUR foam may off-gas certain chemicals. The foam degradation may be exacerbated by use of unapproved cleaning methods, such as ozone, and off-gassing may occur during operation.
 - These issues can result in serious injury which can be life-threatening, cause permanent impairment, and/or require medical intervention to preclude permanent impairment.

Satisfaction Survey Feedback

Blue KC values our partnership with the provider community. Thank you to the 260 providers who completed Blue KC's provider satisfaction survey and shared your experiences. Here's how we are using your feedback:

- Over 95% are satisfied with the COVID-19 guidance that Blue KC has provided during the pandemic. We will continue to share guidance, on an as-needed basis, as things continue to evolve in the COVID-19 Information Section on the [home page of the Provider Portal](#).
- You gave Blue KC's Provider Hotline representatives and Account Executives high marks for their ability to understand your issues and questions. However, you are often frustrated by the long hold times. We heard you loud and clear. We are working to eliminate the long hold times. We've hired more Provider Hotline representatives and expanded the roles for Account Executives to better serve you.
- Over 95% are satisfied with the timeliness of claim payment. We will continue to make timely and accurate payment of claims a priority.
- Almost half of those who submitted a prior authorization request during the first half of 2021 submitted a prior authorization request online. Many of you thought the online process was easy and some provided feedback on ways to make the prior authorization process easier. We've reviewed your

suggestions. We have made improvements regarding the login page to submit electronic prior authorizations. Look for additional improvements in the next few months. We will have Account Executives assigned to all provider practices.

- As a thank you for participating in the survey, respondents had the opportunity to enter a prize drawing for a chance to win one of four Apple Watches. If you know these lucky winners, be sure to congratulate them!

Dawn R. at Specialized Home Care	Janice G. at Saint Luke's Health System, PE CBO
Tabitha Martin at Blue Ridge Physical Therapy	Amy Wheeler at Netsmart

Portal Power

Blue KC's powerful digital tool for providers can be accessed 24/7 with a click of a button! Experience our Provider Portal at Providers.BlueKC.com

Provider Portal Features Include:

- Search and review claims
- Submit and view electronic prior authorizations
- Look up member eligibility
- Access Medical and Payment Policies
- See provider remittances
- View Provider Reference Guides
- Check out recent news updates
- Find provider forms
- And so much more!

NOT REGISTERED FOR THE PROVIDER PORTAL? CLICK ON "REGISTER NOW" ON THE LOG-IN PAGE!

Contact Us

Your comments are welcome and can be sent to BlueSpeak@BlueKC.com.

Anyone can join the BlueSpeak email distribution list by signing into the [provider portal](#) and then selecting "Register for BlueSpeak eNewsletter" under "Provider Service Quick Links" on the home page.

If you have questions about any of these updates, please call the Blue KC Provider Hotline at [816-395-3929](tel:816-395-3929) for Commercial line of business, [866-508-7140](tel:866-508-7140) for Blue Medicare Advantage line of business or

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WHAT'S NEW FROM BLUE



[866-859-3822](tel:866-859-3822) for the Affordable Care Act Provider Hotline. We value and appreciate you as our partner in providing quality care.