

2021 Third Quarter

Summary of Updates and Additions



Kansas City

PROVIDER REFERENCE GUIDE

A Reference Manual for Blue KC Practitioners

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All Modules

1. Did a search for “Blue High Performance Network” and updated using the following changes:

When abbreviating “Blue High Performance Network,” a decision was made to remove the space between “Blue” and “HPN” such that, instead of “Blue HPNSM,” it will read “BlueHPNSM.”

When using the Suitcase Design on member ID cards, instead of “HPN” in the Suitcase Design, “BlueHPN” should appear in the design with the word “BLUE” over the term “HPN.”

Claims, Billing and Remittance

1. Replaced outdated “Payment Checks” section with new “Provider Payment” section. We added:

Providers may receive up to eight payments with each weekly remittance advice. One payment is issued for each of the following eight Blue KC lines of business:

- BlueCard
- Blue-Care HMO
- Blue Cross and Blue Shield
- Federal Employee Program (FEP)-Standard
- Federal Employee Program (FEP)-Basic
- Federal Employee Program (FEP)-Blue Focus
- Medicare Advantage PPO
- Medicare Advantage HMO

Each line of business may include several products. For example, a Blue Cross and Blue Shield check may include Preferred-Care Blue® PPO, Preferred-Care PPO, Medicare Supplemental or Traditional.

2. Updated the “Coordination of Benefits” section with new content. We added:

Coordination of Benefits Coordination of Benefits (COB) is a cost-containment provision of group contracts which helps to avoid duplicate payment of covered services. COB is applied when a member is enrolled with Blue KC and another insurance plan. COB assures that services are not reimbursed at more than 100 percent of total charges. Please note that Blue KC accepts electronic claims (837) with COB data.

Blue KC and Provider shall coordinate benefits with the non-duplication provisions of the member’s Benefit Plan and applicable law. Third-party payment collection must also follow identification procedures for proper Coordination of Benefits.

The providers must ask members for duplicate or COB coverage information, and shall notify Blue KC of any potential or actual duplicate COB coverage through Blue KC’s claims filing practices.

Any payment incorrectly collected for services of a third party responsibility should be returned to Blue KC by Provider. Provider shall not withhold services nor require member to pay for services pending determination of primary responsibility.

When another payor is involved, the total of all payments will not exceed the amount specified in the member's Benefit Plan. Blue KC shall never pay more than the Blue KC allowed amount. If another payor is involved, the Provider shall write off any balance as if Blue KC was the sole source of payment.

Participating providers may not collect from a member any amount above the established Blue KC allowable for a corresponding covered service.

Blue KC's liability for members with additional health insurance coverage will be governed by the member's Benefit Plan.

Credentialing and Contracting

1. Removed the outdated "Registration Steps" section and replaced with the following:

1. Register at the Council for Affordable Quality Healthcare (CAQH) website (see Contact Resource Directory for website). Please authorize Blue KC access to the providers' online credential information.
2. Ensure the Provider's information is updated in the [National Plan & Provider Enumeration System](#) (NPPEs)
3. If the provider is registered with CMS, ensure the Provider information is updated in the [Medicare Provider Enrollment, Chain and Ownership System](#) (PECOS)
4. Submit Blue KC's Network Interest Application located [here](#) under the Joining the Blue KC Network? section
 - a. Current Providers interested in adding networks should select Current Providers Request to Add Network button
5. Blue KC's Network Interest Committee will evaluate the Network Interest Application and determine if there is a need for the Provider and if there is a need, a Credentialing form will be forwarded to the Provider.
6. If all the CAQH information is accurate and complete, the credentialing process will take approximately 45 to 60 days. Any claims submitted by the Provider to Blue KC will be processed as out-of-network and any payment will be sent to the member.
7. Completed applications are presented to the Blue KC Corporate Credentials Committee for review and final approval. The Credentials Committee meets on a monthly basis. Please contact the appropriate Account Executives (see Contact Resource Directory) for more information.
8. After Committee approval, the Provider may be offered Blue KC contracts for network participation.
9. Upon contract execution, the Provider services staff loads the providers' applicable networks into the claims processing system.
10. Once contract set up is complete, Blue KC will send a notification and when submitting claims can begin.

2. Updated the “Credentialing Overview” boxed section:

1. Registering with Council for Affordable Quality Healthcare (CAQH).
2. Submitting the Blue KC Network Interest Application.
3. Being successfully evaluated by the Blue KC Corporate Credentials Committee.
4. After committee approval, the Provider may be offered a contract for review and signature”

3. Added two bullets to the “Provider Minimum Criteria” section:

Midlevel providers must include an In-Network Blue KC Provider as their Collaborating/Supervising Physician and submit a copy of the Collaboration Agreement.

Sanctions or limitations on licensure from either a State Board or previously from Blue KC.

Contact Resources

1. Delete “Accredo Specialty Pharmacy” contact, and replace with:

Optum Specialty Pharmacy	
Phone Number	1-855-427-4682
Fax Number	1-877-342-4596

2. Delete “EDI Support” number from the following contact section:

Preferred Health Professionals (PHP)	
Toll Free Number	1-800-544-3014
Phone Number	816-823-6700
EDI Support	816-823-6707
Fax Number	1-800-874-9179



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